

**State Well Report
Part I - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Marshall
 Permit #: 6-162
 Driller: Long Caspade
 Date drilling completed: 10-13-06

For Office Use Only:

Aquifer: _____
 Well #: G-105
 L.S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>R.L. Horn</u>	Latitude: <u>34-53-00</u> - Longitude: <u>89-22-58</u> -
Mailing Address: <u>363 Clear Creek Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs Ms 38635</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 26 Twn 25 Rng 24</u>
Telephone No. <u>(662) 252-7927</u>	Distance Direction Nearest Town
	<u>5 miles N.E. of Holly Springs</u>

Well / Borehole Data

Date drilling started: 10-13-06 Date drilling completed: 10-13-06 Hole depth: 150' Hole diameter: 8"

Location of the source of any surface water used for drilling: Well Water

Method of casing and volume of Chlorine used in drilling and development: 1/2 P.D. Chlorine to 1000 Gal. Water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Scientific Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block.

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 10-13-06

Method of Measurement (circle one): steel tape electric tape air line other: _____

Well depth: 150' Well grouted to a depth of 10 feet Type of grout (circle one): Heat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .015 inches Setting depth: From 140 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

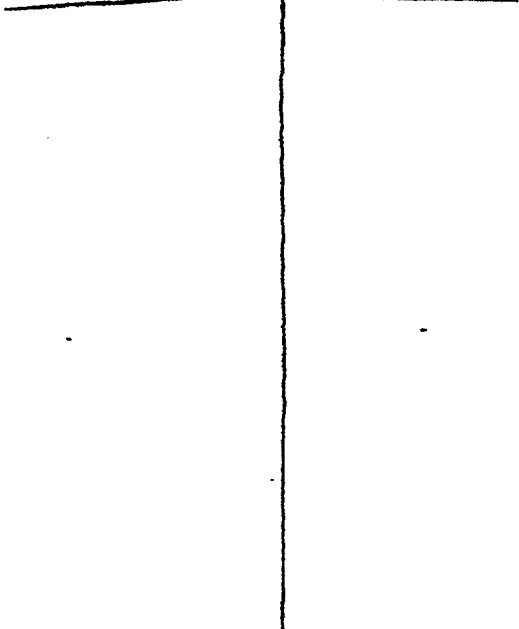
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

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G-105

The sketch below may represent two water wells
if well telescopes; show depths on sketch.
 Ground Level GL

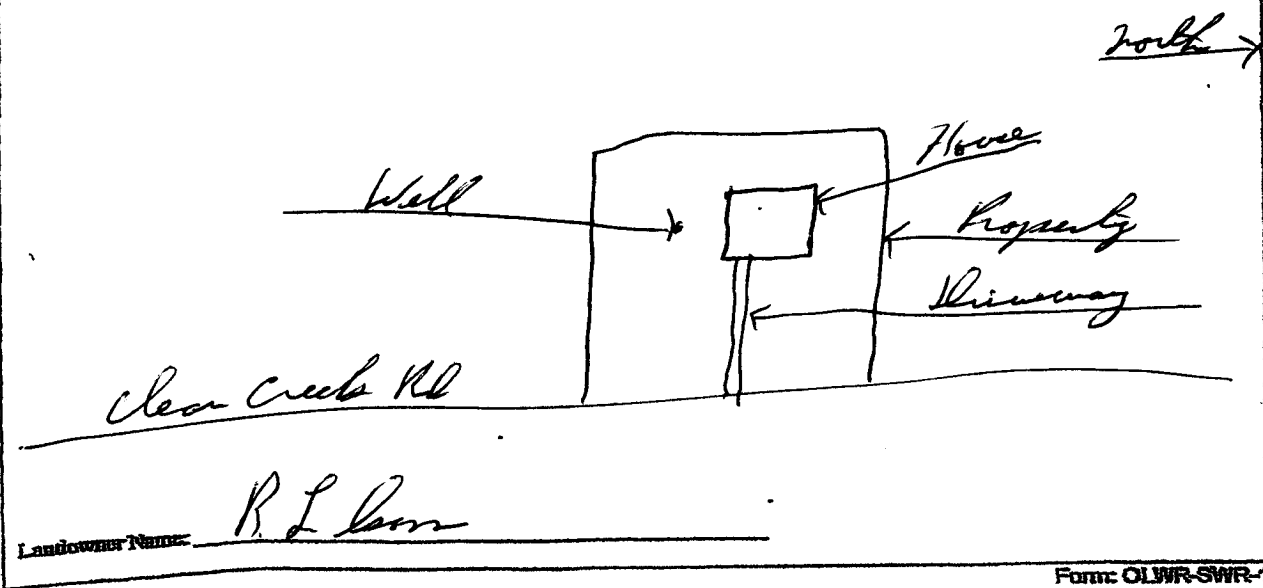


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	0	20
Med Red Sand	20	38
med. White Sand	38	70
White Clay	70	76
med White Sand	76	110
White Coarse Sand	110	150

If more than one occurs, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



I certify that the well described was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. LARRY CARPENTER 0-162 Date 10-20-06

Signature of Licensee Larry Carpenter

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Form: OLWR-SWR-1A

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date completed: 10-14-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: G-105
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>R. L. Lison</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>383 Clear Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs</u> <u>Ms</u> <u>38635</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>26</u> T <u>25</u> R <u>26</u>
Telephone No. <u>(662) 252-7927</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>N.E.</u> of <u>Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-19-06</u>	Setting Depth: <u>128</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-14-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>94</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>4</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

LARRY CARPENTER 0-162 Larry Carpenter
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B

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