

County: Marshall
 Permit #: 0-162
 Driller: Larry
 Date drilling completed: 8-22-07

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39209-0631
 (601)961-5210
 (601)354-6936 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G-112
 L.S. Number: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Southern Home</u>	Latitude: <u>34° 54' 42"</u> Longitude: <u>81° 24' 12"</u>
Mailing Address: <u>P.O. Box 5172</u>	Method of Lat/Long (circle one): Conventional Survey, URSI quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs Ms. 38634</u>	SVC <input type="checkbox"/> NWN <input type="checkbox"/> Sec. <u>15</u> Twp. <u>25</u> Rng. <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(664) 252-3497</u>	<u>3 miles South of Sledge</u>

Well / Borehole Data

Date drilling started: 8-22-07 Date drilling completed: 8-22-07 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 Casing used in drilling and development: 1/2" PP Casing to 100' Nat. Water

Log 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
 Seismic Survey Other (describe): _____
If drilling is not related to water well construction, attach the permit for 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: 8-22-07

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): Best 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: .013 inches Setting depth: From 140 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Unfinished Telescoped Open hole Natural Development
 Other (describe): _____

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

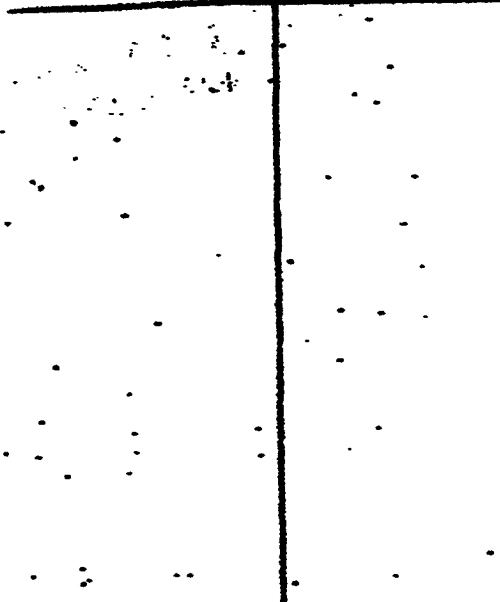
Form OLWR-SWR-1A

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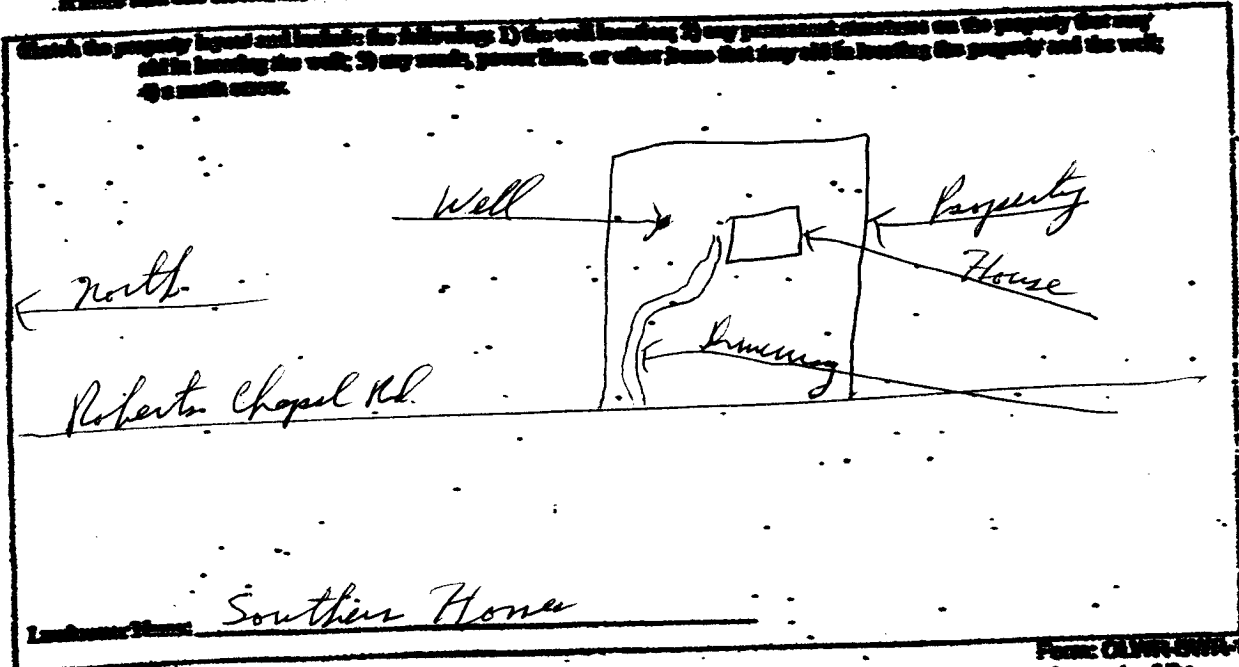
be left blank. Do not write on this
Ground Level



Indicate on this page whether or not the well is
a new or existing well. If existing, indicate the location

Soil Type	Feet Below Ground Level	Total Depth
Surface Soil	0	21
Red Red Soil	21	40
Free White Soil	40	72
White Clay	72	90
Red White Soil	90	120
Cream White Soil	120	150

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



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, requirements, and rules.

Name: LARRY CARPENTER 0-162 Date: 8-23-07 Signature of Licensed Professional: Larry Carpenter
 Print Name of Responsible Licensed Professional Date Signature of Licensed Professional

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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) 351-5210
 (800) 354-6336 (Toll)

County: Marshall
 Permit #: 0-162
 Installer: Larry Carpenter
 Date completed: 8-22-07
 (See Instructions Form Block on Part 1)

For Office Use Only:

Appl#: _____
 Well #: G-112
 Number: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 2 of the report must be attached and kept permanently with the Permittee at the site of the well until 20 days after final completion.

Well Owner Information	Well Location
Owner Name: <u>Southern Home</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5172</u>	Method of Lat/Long (check one): Conventional Survey _____ UTM grid _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Holly Springs</u> <u>Ms.</u> <u>38634</u>	_____ N _____ E Sec. <u>15</u> T. <u>25</u> R. <u>2W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 252-3497</u>	<u>3</u> miles <u>N.E.</u> of <u>Sloper</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Rated Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-22-07</u>	Setting Depth: <u>110</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>8-22-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For floating well, minimum shut in level _____ feet
Drawdown (B)-(A): <u>5</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>5</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 available) Signature of Pump Installer

Form OLWR-600-1B

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