

County: Marshall  
 Permit #: 0-16-2  
 Driller: Larry Cooper  
 Date drilling completed: 5-14-07

**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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-304  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the licensee 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Hillcrest Homes</u>   | Latitude: " " " " Longitude: " " " "  |
| Mailing Address: <u>802 East Salmon</u>                                      | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Holly Springs Ms 38635</u>  | <u>4</u> <u>4</u> Sec. <u>34</u> Twn <u>35</u> Rng <u>5W</u>  |
| City State Zip Code  | Distance Direction Nearest Town   |
| Telephone No. <u>662 252-2083</u>  | <u>2</u> miles <u>West</u> of <u>Watson</u>   |

**Well / Borehole Data**

Date drilling started: 5-14-07 Date drilling completed: 5-14-07 Hole depth: 140' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: Well Water  
1/2 Pt. Chlorine to 1000 Gal. Water

Logs run (circle all applicable): MS log run Electric Gasmas 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 run related to water well construction, attach 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: 80 feet above or below (circle one) land surface Date measured: 5-15-07

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

Well depth: 140' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 130 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 130 feet to 140 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*



# 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 39229-0631  
(601)961-5210  
(601)354-6934 (fax)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 5-15-07  
 Case information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-304  
 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>Hillcrest Homes</u>         | Latitude: _____ Longitude: _____                           |
| Mailing Address: <u>802 East Salem ave</u> | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>Holly Springs Ms. 38635</u>             | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code                        | <u>1/4 Sec 34 T 35 R 5 W</u>                               |
| Telephone No. <u>(662) 252-2083</u>        | Distance Direction Nearest Town                            |
|  | <u>2 Miles West of Water</u>                               |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>               | 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"/>           | <u>Electric Motor</u> <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>5-15-07</u>  | Setting Depth: <u>100</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<br>Circle one  |
|--|--|
| Date Well Tested: <u>5-15-07</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>80</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>84</u> Feet Below Land Surface | For flowing well, measured slant in head: _____ feet   |
| Drawdown [(B)-(A)]: <u>4</u> Feet Below Land Surface       | Well yielded <u>16</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>16</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