

County: Marshall
 Permit #: 8-122
 Driller: Larry Carpenter
 Date drilling completed: 7-30-06

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)

For Office Use Only:
 Aquifer: _____
 Well #: J-235
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Redson Quality Home</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 33</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Red Barber Ms. 38661</u>	_____ 1/4 _____ 1/4 Sec. <u>17</u> Twp. <u>35</u> Rng. <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252 3877</u>	<u>1 1/2</u> Miles <u>SW</u> of <u>Victoria</u>

Well / Borehole Data

Date drilling started: 7-30-06 Date drilling completed: 7-30-06 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.P. 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 _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, ship 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: 55 feet above or below (circle one) land surface Date measured: 7-30-06

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): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 130 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.*

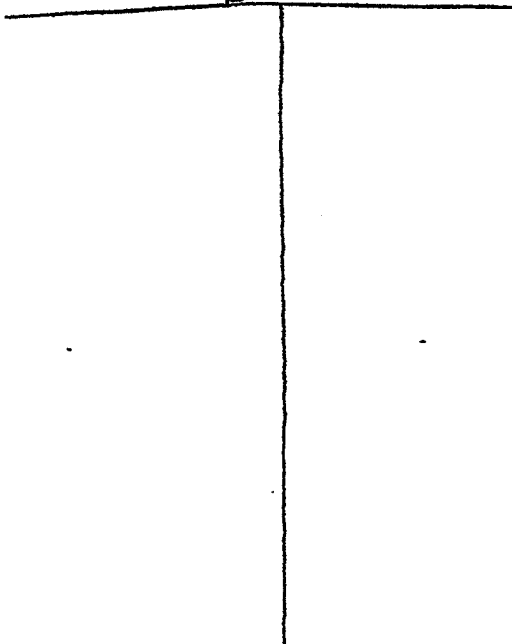
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J-235

The sketch below only required for water wells

If well telescopes, show depths on sketch.

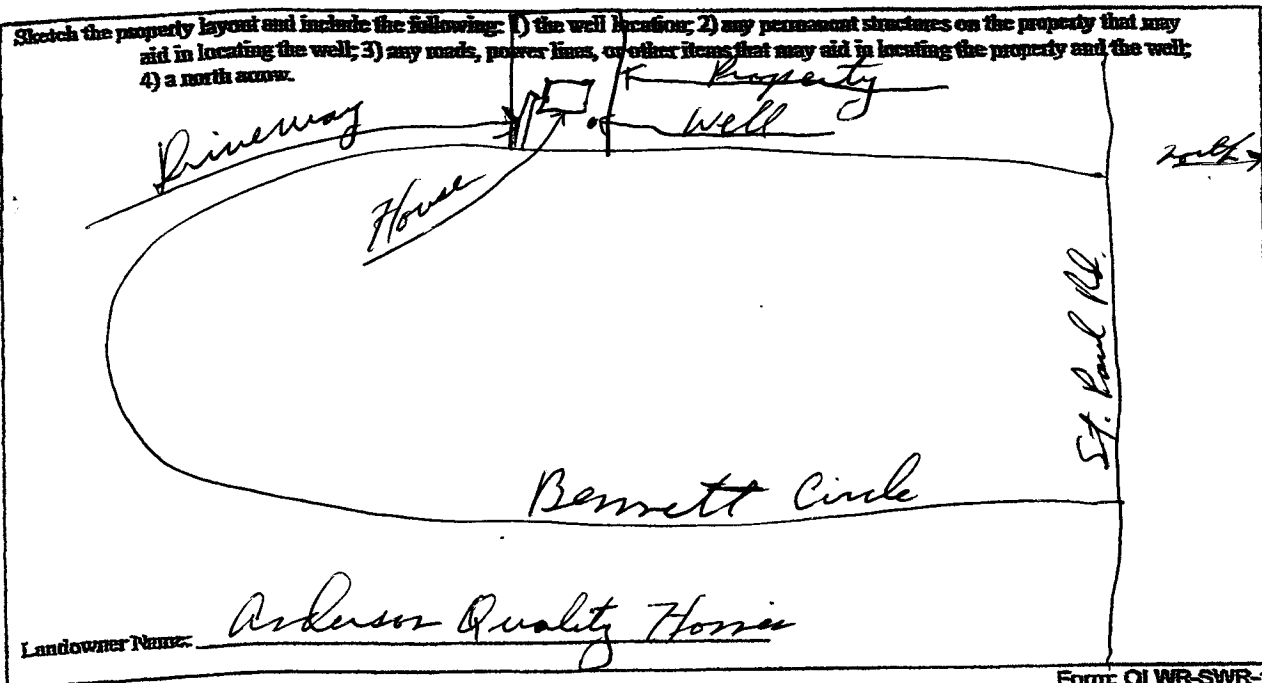
Ground Level 8



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	20
red Red Soil	20	38
red White Soil	38	75
white clay	75	90
fine white soil	90	123
red white soil	123	150

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



Form: OLWR-SWR-1A

I certify that the well/borehole 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.

LARRY CARPENTER 0-162 8-10-06
Print Name of Responsible Licensee and License No. Date

Larry Carpenter
Signature of Licensee

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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)961-5210
(601)354-6938 (fax)

County: Marshall
Permit #: 0-162
Driller: Long Carpenter
Date completed: 7-30-06
Copy information from Section Part 1

For Office Use Only:

Aquifer: _____
Well #: J-235
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>Anderson Quality Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 33</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Red Bank, Ms 38661</u>	_____ 1/4 _____ 1/4 Sec. <u>17</u> T <u>35</u> R <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 252-3877</u>	<u>1 1/2</u> Miles <u>SW</u> of <u>Victoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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 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>7-30-06</u>	Setting Depth: <u>75</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: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B)-(A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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