

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 7-19-07

**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 #: K-89  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Earby Reynolds</u>          Mailing Address: <u>120 Tribble Rd.</u>  <u>Holly Springs</u> <u>Ms</u> <u>38655</u>          City State Zip Code          Telephone No.: <u>901-605-3015</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>3A-48.07</u> Longitude: <u>89-30.05</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW</u> <u>SE</u> <u>37</u> <u>35</u> <u>3W</u>          Distance Direction Nearest Town  <u>2 1/2</u> miles <u>West</u> of <u>Holly Springs</u></p>
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**Well / Borehole Data**

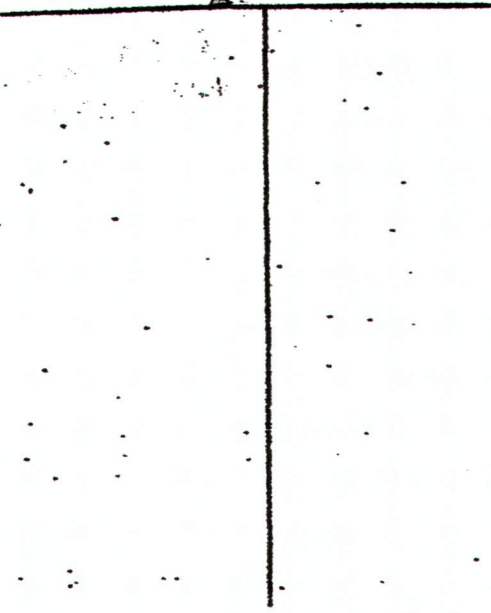
Date drilling started: 7-19-07 Date drilling completed: 7-19-07 Hole depth: 125' Hole diameter: 8"  
 Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of casing and volume of Chlorine used in drilling and development: Well Water  
1/2 gal Chlorine for 1000 Gal Water  
 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, strike 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: 60 feet above or below (circle one) land surface Date measured: 7-20-07  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix  
 Casing length: 115 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 115 feet to 125 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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K-89

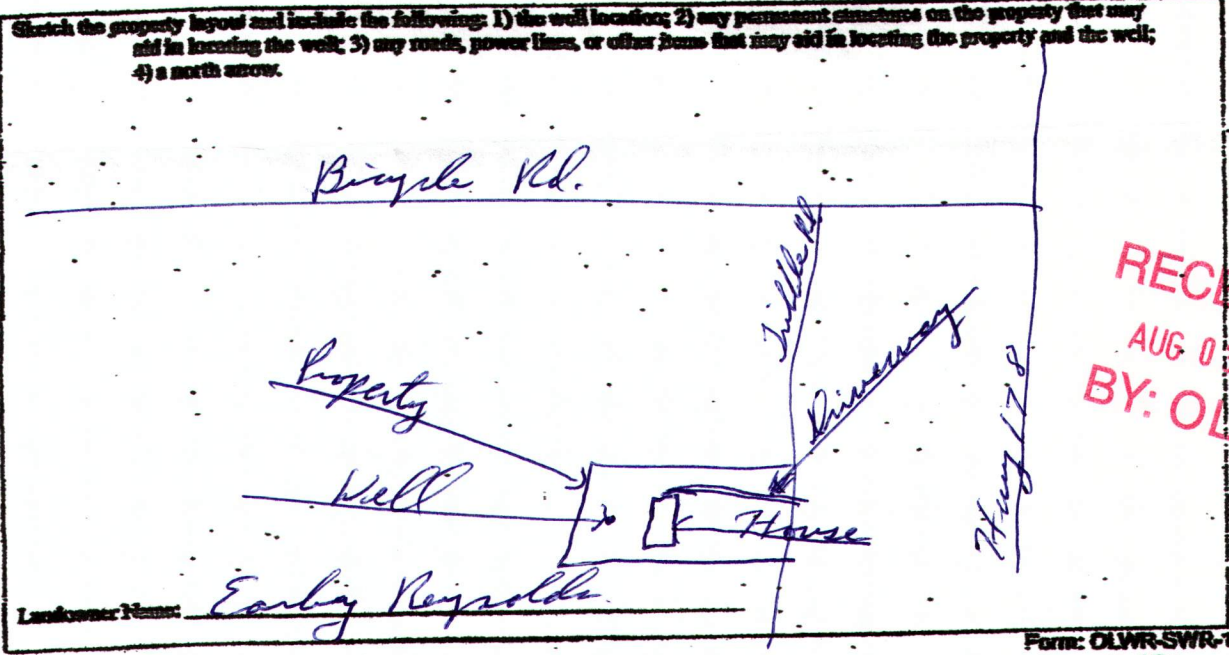
The sketch below only intended for water wells.  
If well construction shows details on sketch.

Description of formation encountered must be provided for all wells and describe in detail specific attached to geologic



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	18
Med. Red Sand	18	35
Med White Sand	35	60
Fine White Sand	60	80
White clay	80	92
White Coars Sand	92	125

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



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I certify that the well/catchbasin 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

by: LARRY CARPENTER 0-166 7-20-07 Larry Carpenter  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: 7-20-07  
 Case information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-89  
 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>Early Reynolds</u> Mailing Address: <u>120 Trible Rd.</u> <u>Holly Springs Ms. 38635.</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. <u>(801) 605-3015</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>27</u> T. <u>35</u> R. <u>3W</u> Distance _____ Direction _____ Nearest Town _____ <u>2 1/2 Miles West of Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>7-20-07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> <b>Electric Motor</b> : <input checked="" type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/> Windmill: <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>90</u> feet Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-20-07</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>64</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>17</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <b>Steel Tape</b> : <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head _____ feet Well yielded <u>17</u> GPM with a drawdown of <u>4</u> feet after <u>4</u> hours of pumping

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