State W	ell Report	
County: Part 1 - D	riller's Log For Office Use Only:	
Mississippi Department	of Environmental Quality Aquifer:	
Permit #: 0-/62 Office of Land at	nd Water Resources ov 10631 Well #:	
Drillar - all - Manda	0. 10051	
Jackson, ivi	S 39289-0631 L. S. Elevation:	
· · · · · · · · · · · · · · · · · · ·	661-5210 -6938 (fax) E-log #:	
(001)534	-0736 (lax)	
State Law requires that this report be prepared by the lice	nse holder responsible for the work and filed with the	
Department at the above address within 30 days of comp		
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: ° ' " Longitude: ° ' "	
Owner Name Southern Homes	Lautitide.	
·	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: PU Boy 5172		
	USGS quad, Hand-held GPS, Survey-grade GPS	
	4 4 Sec 3 Twn 3 5 Rng 3 W	
Toly State Zip Code		
City State Zip Code	Distance Direction Nearest Town  4 Miles Line of Holly Springe	
Telephone No. (6/2) 252-3497	-7 Miles nous of Holly springe	
Telephone No. 6		
Well / Borel	ole Data	
Date drilling started: $\frac{2}{12}$ $\frac{2}{5}$ Date drilling completed: $\frac{2}{12}$	Ad Hole death: 1871 Hole diameter: 8	
Date drilling started: 2 1 2 5 Date drilling completed	note depth. 700 more diameter.	
Location of the source of any surface water used for drilling:	Well Water	
Location of the source of any surface water used for drilling:	opment: 12 Pd Chlorise to 1000 lot water	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):		
Purpose of borehole (check one): Water WellGeotechnical/Geolo	gical Investigation Ground Source Heat Pump	
Seismic Survey Other (describe)		
If drilling is not related to water well construction	, skip the remainder of this block	
Purpose of Well (check one): Home X Industrial Public Supply	Imgation rish Culture Other	
If a flowing well, method of flow regulation: Valve Of		
Static Water Level:feet above or below (circle one) la	and surface Date measured: 2-12-08	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: 90 feet Casing diameter: 4 inches Type of casing:		
Screen length: feet		
Screen slot size: 0 ( 3 _ inches Setting depth: From _	i de la companya de	
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open hole Natural Development	
Top of lap pipe or reduction in casing:feet. If teld	scoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A MAR 1 0 2008

### The sketch below only required for water wells

lf well telescopes,	show depths of	ı sketch.
Ground Level		

## 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)
	Ground Level	
Surface Sail	U	20
ned Pad Soul	20	35
ned white Sort	35	60
White clay	60	7.5
000		
White Coarse Soul	75	100
		<u> </u>
		<u> </u>
	<u> </u>	
		<b></b>
		J
	<u> </u>	

If more than one screen, 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.		
H	Lightpole Winter Lines Sull Rd		
	Landowner Name: Southern Homes. Form: OLWR-SV	VR-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

LARRY CARPENTER O-162 2 - 26.08

Print Name of Responsible Licensee and License No. Date

Long Caype to RECEIVED
Signature of Licensee MAD 1 0 2008

BY: OLWR

# STATE WELL REPORT

# County: Parklef Permit #: 0-162 Driller: Lary Carperte Date completed: 2-12-08 Copy information from block on Part 1 This part of the report must be completed by a report must be attached and both parts filed w Well Owner Information Owner Name: Souther Ho.

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

Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #: K- 93	
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: Southern Home	Latitude: Longitude:		
Mailing Address: P. U. Box 5172	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Holly Spring ms 38634 City State Zip Code			
	Distance Direction Nearest Town		
Telephone No. (62) 252-3497	4 Miles 2 of Holy Springe		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 2-/2-08	Setting Depth: 80 feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 2 - / 2 - 0 8			
Static Water Level (A): 50 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
	Other (specify):		
Pumping Water Level (B):Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Fest Pumping Rate:			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge	RECEIVE
LARKY CARPENTER 0-162	Long Carpeter	MAR 1 0 2008
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	orm. OLWR-SWR-18
	F	orm: OLWR-SWR 18