

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 8-17-07

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 #: LJ-47
 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 Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5172</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs</u> <u>Ms.</u> <u>38634</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>1/4 Sec. 17 Twp. 35 Rng. 2 W</u>
Telephone No. <u>(662) 252-3497</u>	Distance _____ Direction _____ Nearest Town _____
Well / Borehole Data	
Date drilling started: <u>8-17-07</u> Date drilling completed: <u>8-17-07</u> Hole depth: <u>130</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: <u>Well Water</u>	
Method of casing and volume of Chlorine used in drilling and development: <u>1/2 lb Chlorine to 1000 Gal Water</u>	
Log run (circle all applicable): <u>No log run</u> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <u>Water Well</u> <input checked="" type="checkbox"/> <u>Geotechnical/Geological Investigation</u> <input type="checkbox"/> <u>Ground Source Heat Pump</u> <input type="checkbox"/>	
<u>Scientific Survey</u> <input type="checkbox"/> <u>Other (describe)</u> _____	
<u>If drilled it was related to water well construction, add the number of this block</u>	
Purpose of Well (check one): <u>Home</u> <input checked="" type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> <u>Public Supply</u> <input type="checkbox"/> <u>Irrigation</u> <input type="checkbox"/> <u>Fish Culture</u> <input type="checkbox"/> <u>Other</u> _____	
If a flowing well, method of flow regulation: <u>Valve</u> _____ <u>Other (describe)</u> _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>8-17-07</u>	
Method of Measurement (circle one): <u>steel tape</u> <input checked="" type="checkbox"/> <u>electric tape</u> <input type="checkbox"/> <u>air line</u> <input type="checkbox"/> <u>other</u> _____	
Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Best Cement</u> <input checked="" type="checkbox"/> <u>Bestonite</u> <input type="checkbox"/> <u>Mix</u> _____	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): <u>Cased grouted</u> <input checked="" type="checkbox"/> <u>Uncased</u> <input type="checkbox"/> <u>Telescoped</u> <input type="checkbox"/> <u>Open hole</u> <input type="checkbox"/> <u>Natural Development</u> <input type="checkbox"/>	
<u>Other (describe)</u> _____	
Top of log pipe or reduction in casing: _____ feet. <u>If telescoped or more than one screen, describe on next page</u>	

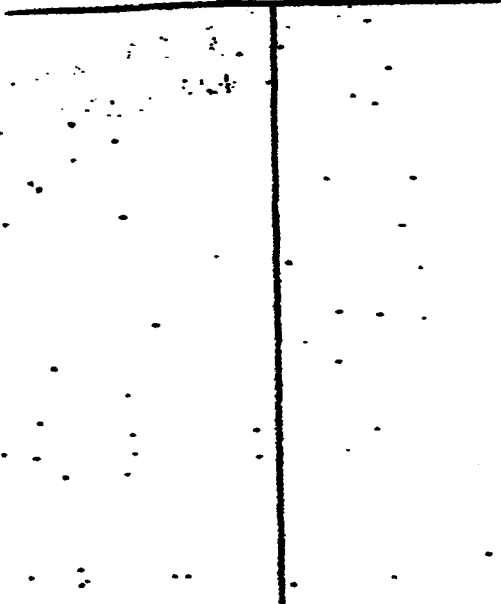
Form OLWR-SWR-1A

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The depth below each stratum is given below.

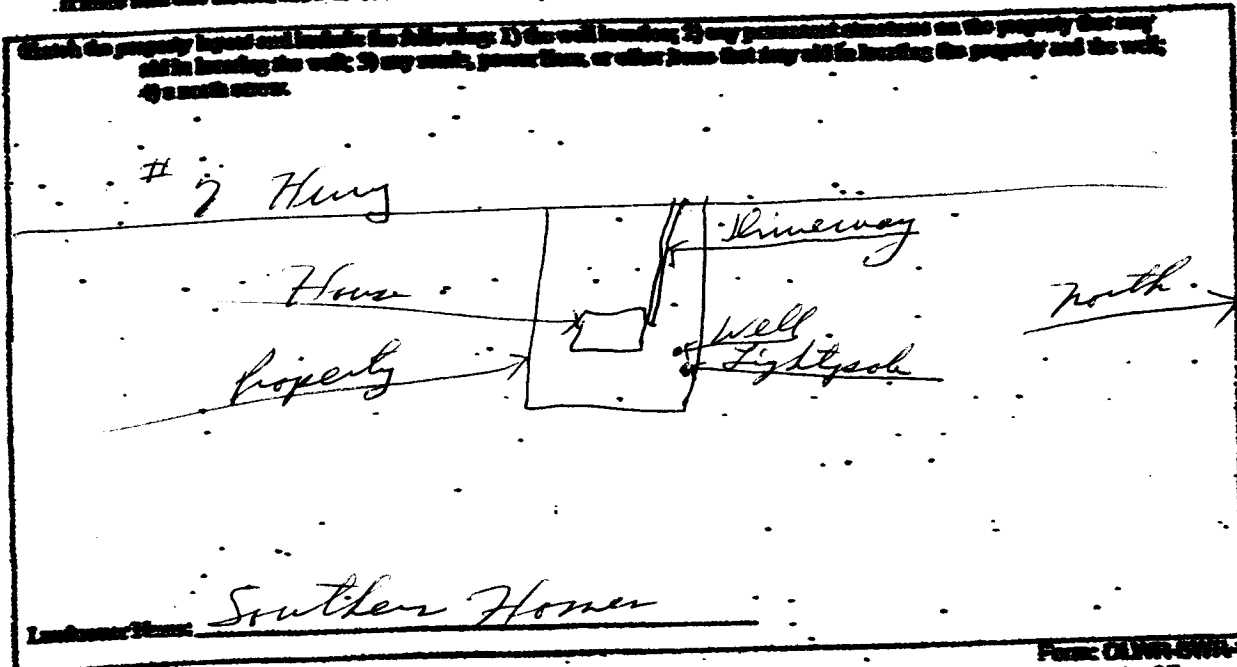
Kind of Material in Each
Ground Level



Depth of Each Stratum is given below in feet or
feet and inches. In some cases, the material is described.

Kind of Material in Stratum	Feet Below Ground Level	To Depth
Surface Soil	0	18
Fine Red Soil	18	35
Med Red Soil	35	60
White Clay L. Fine Soil	60	75
Coarse White Soil	75	130

From this one screen, show location of each on depth



Form OADR 500-1A

I certify that the well described was drilled, constructed, and completed in accordance with all applicable requirements of the Michigan Department of Environmental Quality and the Michigan Department of Health, Maternal, and Child Health.

Print Name of Responsible Licensee and License No. Date Signature of Licensee

LARRY CARPENTER 6-162 8-23-07 Larry Carpenter

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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 39209-0631
 (601)261-5210
 (800)254-6988 (Toll)

County: Marshall
 Permit: 0-162
 Installer: Larry Carpenter
 Date completed: 8-17-07
 Cross Information Form Blank on Part 1

For Office Use Only:
 Agency: _____
 Well #: L-47
 Monitor: _____

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 both parts filed with the Department of the above address within 30 days of well 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 _____
<u>Holly Springs</u> <u>Ms.</u> <u>38634</u>	USGS quad, _____ Hand-held GPS, _____ Survey-grade GPS _____
City State Zip Code	<u>N</u> <u>17</u> <u>T</u> <u>35</u> <u>R</u> <u>1W</u>
Telephone No. <u>(662) 252-3497</u>	Distance Direction Nearest Town <u>1</u> <u>Miles</u> <u>North</u> of <u>Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Manual Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Plunger <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Commingled <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Exact Power Rating of Motor: <u>3/4</u>
Other (specify): _____	Setting Depth: <u>100</u> feet
Date Pump Installed: <u>8-17-07</u>	Number of Stages: <u>11</u>
Exact Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-17-07</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	Steel Tape <input checked="" type="checkbox"/>
Drawdown (B)-(A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>16</u> Gallons Per Minute	For flowing well, measured draw in feet _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>16</u> GPM with a drawdown of <u>5</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 available) Signature of Pump Installer

Form CLW-5475-12

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