State V	Vell Report				
	Driller's Log	For Office Use Only:			
Mississippi Departme	nt of Environmental Quality	Aquifer:			
Permit #: Office of Land	and Water Resources Box 10631	Well #: <u> </u>			
Driller: Carel oc. W M300	MS 39289-0631	L. S. Elevation:			
l	.)961-5210	L. S. Elevation:			
	54-6938 (fax)	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	1	rehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34 .45 ,438	" Longitude: 87 ° 17 , 371 "			
Owner Name Clayton Hones	25	16			
Mailing Address: 801 Lower gurley (d-	Method of Lat/Long (circle on	e): Conventional Survey, 16			
Malling Address: 800 Cools Gurled 100-	USGS quad Hand-held	GPS, Survey-grade GPS			
		Twn 45 Rng I w			
Nihland MI 38/003	NE NE	Twn Rng P			
Ashlood MS. 38603 City State Zip Code	Distance Direction 312 Miles Sw	Nearest Town			
Telephone No. (901) 827- 2656	3'12 Miles Sw	of snow loke			
Telephone No. (101) 02/- 9636					
Well / Borehole Data					
Date drilling started: 8-6-57 Date drilling completed: 8-6-57 Hole depth: 140' Hole diameter: 63/4					
Date drilling started: O B C / Date drilling completed: O B	Hole depun: 110	Hole diameter.			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water WellGeotechnical/Geological 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 Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 94 feet above of below circle one) land surface Date measured: 8-6-07					
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: put					
Screen length: 30 feet Screen diameter: 4 inches Type of screen: put					
Screen slot size: 100 inches Setting depth: From 120 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

Form: OLWR-SWR-1A

	The sketch	below	onlv r	eauired.	for	water	wells
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If well telescopes, show depths on 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)	Γo (depth)
clay dict	Ground Level	0
red soud	10	32
while clay	35	95
white soud	95	140
	ļ <u></u>	
		<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 m aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the w 4) a north arrow.	ay ell;
Landowner Name: Cloyton Hones.	VR-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.

Tores w.Meson 0-620 7-31-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT Part 2 County: For Office Use Only: **Pump Installer's Completion Report** Permit # Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 8-6-07 Date completed: (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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 Latitude: 34 .45. 428 Longitude: 89-17, 271 Owner Name: Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS , Survey-grade GPS Distance Direction Nearest Town 31/2 Miles SW of SNOWlake Telephone No. (%) 827- 2656 **Pump Type Power Type** Circle one Circle one Air Lift Submersible Jet 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: 8-6-02 Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-6-9Air Line Electric Measuring Line Steel Tape Static Water Level (A): _ 9 4 Feet Below Land Surface Other (specify): String (reight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: 12 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping

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
Form: OLWR-SWR-1B