County: COAhomA	
Permit #: 6w - 40503	
Driller: Houston	
Date drilling completed: 6/22	

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:	
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	Well or Borehole Location				
(Landowner if borehole is not for a water well)	2/1.07.01				
Owner Name HOWARD HOLDEMAN	Latitude: 34 · 07 · 01 " Longitude: 90 · 52 · 00 "				
	Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 20 Jones RD					
	USGS quad, Hand-held GPS, Survey-grade GPS				
1	NE 14 NW14 Sec 20 Twn 26. Rng 3W				
CARKULE MS 38614	74 74 500 1 WII 200 KIII				
City State Zip Code	Distance Direction Nearest Town				
Telephone No. 62) 627-5820	Miles of				
Telephone No. (6) (2) (6) (7)					
Well / Bore	hole Data				
do	111				
Date drilling started: 422 Date drilling completed: 6/22	Hole depth: Hole diameter: 24				
Location of the source of any surface water used for drilling:	e11_				
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development of the source of th	opment: 1 LR Del 1000				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:				
value of organization running log(s).	·				
Purpose of borchole (check one): Water Well 🚩 Geotechnical/Geole	gical Investigation Ground Source Heat Pump				
Calamia Cumuru Orban (Janatia)					
Seismic Survey Other (describe) If drilling is not related to water well construction					
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: $\underline{37}$ feet above or below (circle one) la	and surface Date measured: 6/25				
Method of Measurement (circle one) steel tape electric tape	air line other:				
Well depth: $\frac{118}{200}$ Well grouted to a depth of $\frac{100}{200}$ feet Type	of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 78 feet Casing diameter: 16					
Screen length: 40 feet Screen diameter: 16					
Screen slot size: 1050 inches Setting depth: From	78 feet to				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in easing:feet. If tele	scoped or more than one screen, describe on next page				

BY: OLWR

The	sketch	below	onIv	required	for	water	wells

If well telescopes, show depths on sketch.

Ground Level.

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
ϵ	Ground Level	
CLAV	0	13
Blue CLAY + Denes Stre	13	6_3
SANDA CLAVE	63	118
	4-3	
· · · · · · · · · · · · · · · · · · ·		
		
	<u> </u>	
<u> </u>		L

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

Sketch the property layout and include the following: 1) the well location; aid in locating the well; 3) any roads, power lines, or other it 4) a north arrow.	2) any permanent structures on the property that may teems that may aid in locating the property and the well;
N 49 HW	CLARMONT MASON
RR -	RF - OCD HOY 49
Charch.	
	a well
Landowner Name:	

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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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

For Office Use Only: Aquifer: Well #: Elevation:

Driller: HOUSTON Date completed: 6/22

County: COAHOMA

Permit #: 6(V) 40503

(601)961-5210

(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Location Well Owner Information Latitude: 34 0 07,01" Longitude: 900 32,00" Jones Rd Method of Lat/Long (circle one): Conventional Survey, Mailing Address: 20 USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec 20 Twn 26 N Rng 3 W Nearest Town Distance Direction Telephone No. (662) 627 - 3820 ______Miles ______ of _____ **Power Type Pump Type** Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Jet Air Lift Tractor PTO Hand Electric Motor Piston Turbine Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: 70 Other (specify): ____ 7-13-05 Setting Depth: 70 Date Pump Installed: Number of Stages: Two Rated Pump Capacity: 2200 Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Steel Tape Electric Measuring Line Air Line Static Water Level (A): 37Feet Below Land Surface Other (specify): ___ Pumping Water Level (B): _____Feet Below Land Surface For flowing well, measured shut in head: ______feet Drawdown [(B) - (A)]: _____Feet Below Land Surface Well yielded _____GPM with a drawdown of Test Pumping Rate: _____ Gallons Per Minute feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): _____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

AUG 11 2005

BY: OLWR