State \	Well Report		
	Driller's Log For Office Use Only:		
Mississippi Departm	ent of Environmental Quality Aquifer:		
	d and Water Resources Box 10631 Well #: G- 108		
Driller: Janes LL NY 100.	MS 39289-0631 L. S. Elevation:		
11 . <del>-</del>	1)961-5210		
	854-6938 (fax) E-log #:		
State Law requires that this report be prepared by the l Department at the above address within 30 days of col	icense holder responsible for the work and filed with the npletion of drilling of the well or borehole.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 .51 , 788" Longitude: 89 .57 .431"		
Owner Name Dovid Halland	Method of Lat/Long (circle one): Conventional Survey,		
1800	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 1860 green T	USGS quad, Hand-held GPS, Survey-grade GPS		
	SE 4 SE 4 Sec 31 Twn 25 Rng 7w		
Hernondo Ms. 38632 City State Zip Code	Distance Direction Nearest Town		
	Miles SE of herwoodo		
Telephone No. (901) 486-1199			
Well / Bo	rehole Data		
Date drilling started: 4-1-08 Date drilling completed: 4-1	- 8 Hole depth: 210' Hole diameter: 6314		
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:  Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechnical/Ge	cological Investigation Ground Source Heat Pump		
Seismic Survey Other (descri	be)		
If drilling is not related to water well construc	tion, skip the remainder of this block		
Purpose of Well (check one): Home - Industrial Public Sup	plyIrrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: 120 feet above or below (circle one) land surface Date measured: 4-10-08			
Method of Measurement (circle one) steel tape electric tape air line other: String (weight			
Well depth: 210 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 190 feet Casing diameter: 4 inches Type of casing: put			
Screen length: 70 feet Screen diameter: 4 inches Type of screen: pol			
Screen slot size:			
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

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The sketch	below	only	required	for	water	wells

If well telescopes, show depths on sketch.

Ground Level.

Description of formations e	ncountered	must be p	<u>rovided for all</u>
wells and boreholes, unless	specifically	exempted	by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	5
red Soud	5	30
grovel	30	62
while clay	62	70
Blue clay	70	150
white Sond.	150	210

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.
۲
Jan 1
£
house
Landowner Name: David Holland  Form: OLWR-SWR-

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.

Jones in Moson 0-620

4-28-08

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

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BY: OLWR

## STATE WELL REPORT

## County: Desato Permit #:

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well #: _	G-108		
Elevation	·		

Driller: Jones W. Noson		Box 10631	Well #: <u> </u>	
Date completed: 4-10-08		1S 39289-0631	Well #:	
		961-5210 4-6938 (fax)	Elevation:	
Copy information from block on Part 1	(001)33	4-0736 (lax)		
This part of the report must be completed by report must be attached and both parts filed y	a licensed water well o with the Department a	contractor or a licensed pump in t the above address within 30 da	staller. A copy of Part 1 of the tys of well completion.	
Well Owner Information		Well Location		
Owner Name: Dovid Holland		Latitude: 34.51.788 Longitude: 89.57-431		
Mailing Address: 1860 green T		Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Herwando Ms 38632 City State Zip Code		SE 1/4 SE 1/4 Sec 31 T 25 R 7W		
		Distance Direction Nearest Town		
Telephone No. (901) 486-1199		1/16 Miles SE of hernondo		
Pump Type Circle one			ver Type rcle one	
Air Lift Jet S	ubmersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston T	urbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary F	lowing Well	Windmill Other (	specify):	
Other (specify):		Horse Power Rating of Motor:	11/2	
Date Pump Installed: 4-10-08		Setting Depth:	feet	
Rated Pump Capacity: Ge	allons Per Minute	Number of Stages:		
Pump Test Data			asuring Water Level	
Date Well Tested: 4-10-08		Cı	rcle one	
		Air Line Electric Meas	suring Line Steel Tape	
Static Water Level (A): (20) Feet Below Land Surface		Other (specify): 5tring	lengiant	
Pumping Water Level (B):Feet Below Land Surface		outer (speens).		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	• -	
Test Pumping Rate:Gallons Per Minute		Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u> 24</u> hours	feet after	<u>∂</u> Hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jones w. Moson 0-620	Jan W. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

MAY 0 5 2008

BY: OLWR