	j State we	ii Kehori [Far Office Has Only
County: Desata		riller's Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality		Aquifer:
	Office of Land and Water Resources P.O. Box 10631		Well #: M- 194
Driller: Joses ~ Mojo~	P.O. Box 10051		L. S. Elevation:
Date drilling completed: 7-33-0C	(601)9	61-5210	
	(601)354-	-6938 (fax)	E-log #:
State Law requires that this repo	rt he prepared by the lices	nse halder resnansihle fa r 1	the work and filed with the
Department at the above address	rt be prepared by the tice. s within 30 days of compl	etion of drilling of the well	or borehole.
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)			" Longitude: 89 . 48 . 096 "
Owner Name Rhoda Construction Latitude: 34 . 46 ,932" Longitude: 89.48 ,0		- 06	
Method of Lat/Long (circle one): Conventional Survey,			ne): Conventional Survey,
Mailing Address: Lot 12		USGS quad Hand-held	GPS Survey-grade GPS
Dixie creek			Twn 3s Rng 6w
He communda	38637	31_ 1/4 N 4 Sec 33	IWN JS KNg KNg
Hernordo MS 38637 City State Zip Code Distance Direction Nearest Town Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Merrordo Miles SE of (Nearest Town
Telephone No. (%1) 496 - 2367	_	Miles SE	of (ockrum.
Telephone No. (~1) ~ (6 - 656)			
	Well / Boreh	ole Data	
Date drilling started: 7-33-06 Date d	rilling completed: 7-33-60	Hole depth: 115'	Hole diameter: 63/4
Location of the source of any surface wa	ter used for drilling:	NA	
Method of dosing and volume of Chlorin	ne used in drilling and develo	pment: _ \rangle A	
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 <u> </u>	gical Investigation Ground	d Source Heat Pump
Seismic	: Survey Other (describe)		
If drilling is not relate	ed to water well construction	, skip the remainder of this b	lock
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: 60 feet above of below (circle one) land surface Date measured: 8-9-06			
Method of Measurement (circle one) steel tape electric tape air line other: String (weight.			
Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 105 feet Casing diameter: inches Type of casing:			
Screen length: (Screen Screen	reen diameter:	inches Type of screen:	psc
Screen slot size:, & (\(\sigma\)inches			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Oper	n hole Natural Development
		4	
Top of lap pipe or reduction in casing: _	feet. If tel	escoped or more than one scr	een, describe on next page

State Well Report

Form: OLWR-SWR-1A

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The sketch	below only	required for	water wells

IJ	<u>f well</u>	tel	escopes,	show	<u>depths</u>	on	sketch
_	Gr	0111	nd Level				

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

Description of Formations Encountered	From (depth)	lo (depth)
	Ground Level	8
Clay dist.	8	15
Growl white clay white sood	15	55
white clay	55	03
white soul	30	115

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

Sketch the property layout and include the following: 1) the well location; 2) aid in locating the well; 3) any roads, power lines, or other item 4) a north arrow.	any permanent structures on the property that may sthat may aid in locating the property and the well;
9	
Jose Mary Mary Mary Mary Mary Mary Mary Mary	<i>(</i> *)
Landowner Name: Phodo Construction	

Form: OLWR-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

Janes W. Moson	9-630	A-20-06.	
Print Name of Responsible License	e and License No.	Date	

lawe

	kun w. Mora
\neg	Signature of Licensee

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STATE WELL REPORT Part 2 County: Oeseto For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Janes W. Mason P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 8-9-06 (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 Owner Name: Rhoda Contraction Latitude: 34.46.922 Longitude: 89.48.096 Method of Lat/Long (check one): Conventional Survey Mailing Address: LOT 12 Dixie creek USGS quad , Hand-held GPS , Survey-grade GPS SE 1/100 1/1 Sec 35 T 35 R 600 Distance Direction Nearest Town 1 Miles SE of Cockrum. Telephone No. (961) 496-2365 Power Type Pump Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Jet **Tractor PTO** Piston Turbine Electric Motor Hand Bucket Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Date Pump Installed: 8-9-06 100 Setting Depth: Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 8-9-06 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 60 Feet Below Land Surface Other (specify): String luciont Pumping Water Level (B): Peet Below Land Surface Drawdown [(B) - (A)]: Peet Below Land Surface For flowing well, measured shut in head: __NA Test Pumping Rate: (2 Gallons Per Minute GPM with a drawdown of Well vielded feet after de hours of pumping Duration of Pump Test (minimum 4 hours): I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jans w. Mass Signature of Pump Installer

Jones w Mason

Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B RECEIVED

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