#1.

State Well Report				
County: Lowndes	Part 1 – Driller's Log		For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
	Office of Land and Water Resources P.O. Box 2309		Well #: N- 45	
Driller: McDonald-Hillg Tuc	Jackson, MS 39225		L. S. Elevation:	
Date drilling completed: 9-17-08	(601)961- 5210 (601)961- 5228 (fax)		D. O. Dievation.	
	, ,		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 O	wner		rehole Location	
(Landowner if borehole is not for	ŕ	Latitude: 33 . 17 . 21	" Longitude: 88° 37, 44"	
Owner Name Hudy Holtcam	)		1	
Mailing Address: P.O. Box 1U3		Method of Lat/Long (circle on	e): Conventional Survey,	
maning radiess. 10 00 ya		USGS quad, Hand-held	GPS, Survey-grade GPS	
		SE 4 SW 4 Sec 33	S_Twn 17N Rng 16E	
Crawford Me	39743			
City State	Zip Code	Distance Direction Miles 5	Nearest Town	
Telephone No. ()				
	Well / Bore	hole Data		
Date drilling started: 6.25-6 Date dril	ling completed: 9-17-	08 Hole depth: 940	Hole diameter:	
Location of the source of any surface water used for drilling: Crawford Communify Wafir  Method of dosing and volume of Chlorine used in drilling and development: 11b per 1,000 gallons			vativ	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):			Other:	
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			Source Heat Pump	
Seismic Survey Other (describe)			ock	
Purpose of Well (check one): HomeIndustrial Public SupplyIrrigation Fish CultureOther:Chicken House >				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 108 feet above or below (circle one) land surface Date measured: 9-17-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 930 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 140' feet Casing diameter: 4 inches Type of casing: Pre				
Screen length: 40 feet Screen diameter: 22 inches Type of screen: 5tain 455 5teel				
Screen slot size: # .000 inches Setting depth: From 690 feet to 930 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole atural Development				
Other (describe):				
Top of lap pipe or reduction in casing: 300 feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

# The sketch below only required for water wells

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

If well telescopes,	show depths	on sketch.
C 11 1		

If well telescopes, show depths on sketch.
Ground Level
320' - 40'-2'h 5.5.

escription of Formations Encountered		To (depth)
Clay	Ground Level	3
Limerock	3	340
sardy shall	340	400
Shale	460	480
smdy snale	480	500
Shalf	500	560
Smd	560	640
Soudy snale	64c	740
5and	740	780
soudy shale	790	890
sard	890	940

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

Sketch the property layout and include the following: 1) the wel aid in locating the well; 3) any roads, power lines,	l location; 2) any permanent structures on the property that may or other items that may aid in locating the property and the well;
4) a north arrow.	$\mathcal{N}$
\zer	lack
E .	1
/ K	
3/51.	
RD RD	·
	Tarlton Rd
seitz 3	
Rd. B	
well site .	
316-7   [: 1	Lowndes County
\	Noxubee County
A . L L	\
Landowner Name: Hudy Holtcamp	
	Form: OLWR-SWR-1A (04/08

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

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BY: OLWR



## STATE WELL REPORT

# County: Permit #:

Date completed: 1-5-06

### Part 2

**Pump Installer's Completion Report** 

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #: <b>N-45</b>		
Elevation:		

(601)961-5228 (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: Latitude: Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad , Hand-held GPS\_\_\_, Survey-grade GPS\_  $_{4 \text{ Sec}}$  33  $_{\text{T}}$  /7 $N_{\text{R}}$  /6KDirection Nearest Town Distance Telephone No. ( Power Type **Pump Type** Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Jet Tractor PTO **Bucket** Piston Turbine Electric Motor Hand Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): 11-5-08 Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 11-5-08 Date Well Tested: \_ Air Line Electric Measuring Line 168 Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): 210 Feet Below Land Surface 42 Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Well yielded GPM with a drawdown of Gallons Per Minute Test Pumping Rate: \_\_\_ 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
McDonald + Hill , IUC # 0-8	Harald Hell
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR PYECE IN ED

NOV 1 4 2008

BY: OLWR