State Well Report						
	County: Morshall	Part 1 – Driller's Log	For Office Use Only:			
		Mississippi Department of Environmental Quality	Aquifer:			
	Permit #:	Office of Land and Water Resources	Well #: D-119			
	Driller: Jones J. Moson_	P.O. Box 10631	Well #			
	Driller: Jeves	Jackson, MS 39289-0631	L. S. Elevation:			
	Date drilling completed: 6-15-07	(601)961-5210				
		(601)354-6938 (fax)	E-log #:			

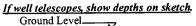
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

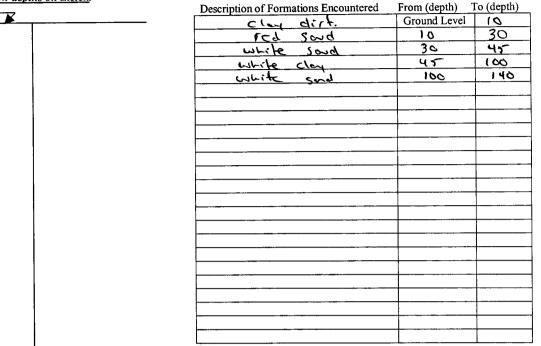
Information on Wall Owner	Well or Borehole Location			
Information on Well Owner				
(Landowner if borehole is not for a water well)	Latitude: 34 . 52 , 030 " Longitude: 20 . 43 ,236"			
Owner Name Howk Thomas	Latitude: $34 \circ 52 \circ 36$ "Longitude: $89 \circ 43 \circ 36$ " 02 Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: LOT 19 Potriot way	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: LOI 17 FOTTIOT WOY	USGS quad, Hand-held GPS Survey-grade GPS			
	S			
Rout 281	Sec. 1/ New 1/4 Sec. 34 Twn Os Rng Sw NW SW			
Byholia Ms 38611 City State Zip Code				
City State Zip Code	Distance Direction Nearest Town 314 Miles $\gamma \omega$ of $\omega \alpha \gamma \beta \alpha \omega$			
Telephone No. (90() 553- 4975	<u></u> which <u></u> or <u></u> <u></u> <u></u> <u></u> <u></u>			
Well / Borehole Data				
Date drilling started: 6 -15-07 Date drilling completed: 6-15-	01 Hole depth: 140 Hole diameter: (3)			
Date unning started: <u>Source</u> Date unning completed: <u>Source</u>	The deput.			
Location of the source of any surface water used for drilling:	A-			
Method of dosing and volume of Chlorine used in drilling and devel	lopment:			
Logs run (circle all applicable) No log nur Electric Gamma Ray	Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water Well <i>Geotechnical/Geological Investigation</i> Ground Source Heat Pump				
Seismic Survey Other (<i>describe</i>	2)			
If drilling is not related to water well construction	n, skip the remainder of this block			
Purpose of Well (check one): Home <u>Industrial</u> Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: <u>55</u> feet above of below (circle one) land surface Date measured: <u>6-15-07</u>				
Method of Measurement (circle one) steel tape electric tape air line other: string weight.				
Well depth: 140 Well grouted to a depth of (0) feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet Casing diameter: 4 inches Type of casing: puc				
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>				
Screen slot size: inches Setting depth: From	(30 feet to (40 feet			
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing: feet. If te	elescoped or more than one screen, describe on next page			
L	Form: OLWR-SWR-1			

JUL 16 2007

BY: OLWR

The sketch below only required for water wells

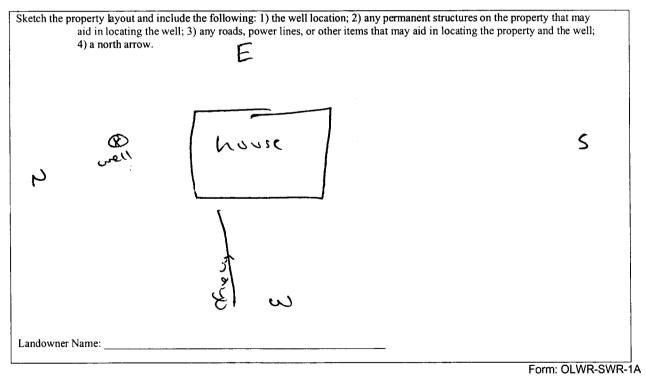




Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

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



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. 0-620 NOLON

7-12-07

RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

JUL 16 2007 BY: OLWR

STATE WELL REPORT				
County: <u>Morsholl</u> Permit #: Driller: <u>Jones W. Mossw</u> Date completed: <u>6-15-07</u> <u>Copy information from block on Part 1</u> This part of the report must be completed	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 (601)961-5210 (601)354-6938 (fax) d by a licensed water well contractor or a licensed pump in		For Office Use Only: Aquifer: Well #: D-1/9 Elevation:	
owner Name: Howk Themes	ed with the Department d ion	at the above address within 30 da Well	Longitude: <u>89, 43, 236</u> (Longitude: <u>89, 43, 236</u> (He): Conventional Survey,	
Mailing Address: <u>LOT 19 Pot</u> Byhalia Ms City State Telephone No. (No.1) 553-49	<u>38611</u> Zip Code		GPS $\underline{\checkmark}$, Survey-grade GPS $\underline{\checkmark}$ $\underline{\intercal}$ T $\underline{\supset}$ s R $\underline{5}$ $\underline{\backsim}$ Nearest Town	
Pump Type Circle one Air Lift Jet (Submersible	Pov Ci Diesel Engine Gasolin	wer Type rcle one e Engine Natural Gas	
Bucket Piston Centrifugal Rotary Other (specify):		Horse Power Rating of Motor:		
Rated Pump Capacity:		Setting Depth:8 Number of Stages:		
Pump Test DataDate Well Tested: $6 - 15 - 67$ Static Water Level (A): 55 FeetPumping Water Level (B): $5A$ FeetDrawdown [(B) - (A)]: NA FeetTest Pumping Rate: 12		Ci		

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

JUL 16 2007 BY: OLWR