	State Well Report	E. Office Has Only
	Part 1 – Driller's Log	For Office Use Only:
County: Morshall	Mississippi Department of Environmental Qu	vality Aquifer: E 244
Permit #:	Office of Land and Water Resources	
-	P.O. Box 2309	Well #:
Driller: Jon w-Maron	Jackson, MS 39225	L. S. Elevation:
Date drilling completed: 11-6-09	(601)961- 5210 (601)961- 5228 (fax)	
		E-log #:
State Law requires that this repo	ort be prepared by the license holder responsil	ble for the work and filed with the
Department at the above addres	s within 30 days of completion of drilling of t	te well or borenole. Il or Borchole Location
Information on Well (Landowner if borehole is not		
(Landowner if borehole is not	Latitude: <u>34 · 5</u>	<u>,361</u> " Longitude: <u>89 • 34 ,9</u>
Owner Name treedom It on		
	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 85 Winn		and-held GPS Survey-grade GPS
		$c_{36} - m_{35} Rng_{40}$
	Berlin 1/2 Se	c_36wn_05 _ Rng_70
Red Berts M City St	<u>s 38661</u> NW NW hate Zin Code Distance Din	ection Nearest Town
City Si	I are zip code Distance Distan	E of Victoria
Telephone No. (662) 287-3		
	Well / Borehole Data Irilling completed: <u>11-6-09</u> Hole depth: <u>14</u>	
and the second se		
Logs run (circle all applicable): No log r	un belectric Gamma Ray Density Sonic Ne	eutron Other:
Method of dosing and volume of Chlori	un used in drilling and development:A un Electric Gamma Ray Density Sonic Ne	eutron Other:
Method of dosing and volume of Chlori Logs run (circle all applicable): No log r Name of organization running log(s):	un Electric Gamma Ray Density Sonic Ne	
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Method of dosing and volume of Chlori Logs run (circle all applicable): No log r Name of organization running log(s): Purpose of borehole (check one): Water Seismie If drilling is not related	The used in drilling and development: Pun Electric Gamma Ray Density Sonic Ne Well Geotechnical/Geological Investigation c Survey Other (<i>describe</i>) ed to water well construction, skip the remainder of	Ground Source Heat Pump
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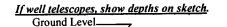
RECEIVED

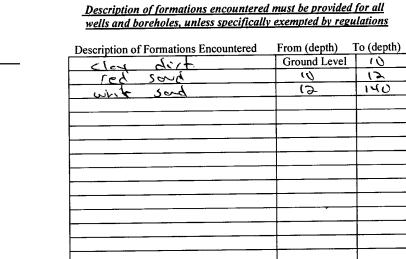
DEC 8 3 2009

BY: OLWP

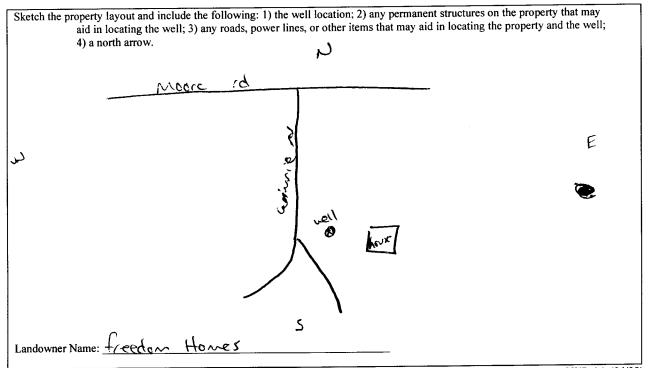


The sketch below only required for water wells





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



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

BY: OLWP

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.

Signature of Licensee RECEIVED Jores w. Moson 0-620 11-6-09 Print Name of Responsible Licensee and License No. Date

DEC 0 3 2303

	STATE WELL REPORT	
County: Marshall	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer: F744
Driller: Jones W. Mason	Office of Land and Water Resources P.O. Box 2309	
Date completed: i1-6-09	Jackson, MS 39225 (601)961-5210	Well #:
Copy information from block on Part 1	(601)961-5228 (fax)	Elevation:

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: freedom Homes	Latitude: <u>34-52-367</u> Longitude: <u>89-34-970</u>
Mailing Address: 85 winnie rd	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Red Buts MS. 38661 City State Zip Code	<u>NW 1/4 NW 1/4 Sec 36 T. 25 R. 4w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (662) 287 - 3181	13/1 Miles No of Sictoria

	Pump Typ Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating	g of Motor:	
Date Pump Installed	11-6-0	39	Setting Depth:	90	feet
Rated Pump Capacit	• •	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: $(1 - 6 - 09)$ Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 70 Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): <u>String (weight</u>
Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: C Gallons Per Minute	For flowing well, measured shut in head:
Duration of Pump Test (minimum 4 hours):hours	\frown feet after $\partial \downarrow$ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
<u>Sues</u> <u>w. Masca</u> <u>O-620</u> Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-RECEIVED

DEC 0 3 2009-

BY: OLWR