		ch report	For Office Use Only:	
County: Morshall	Part 1 – Driller's Log		-	
Permit #:	Mississippi Departmen	t of Environmental Quality	Aquifer: <u>6 129</u>	
	Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: Jones w-Moson		, MS 39225	L. S. Elevation:	
Date drilling completed: 2-19-10		961- 5210 I- 5228 (fax)	E. S. Elevation.	
	(601)60	1 0220 (lax)	E-log #:	
State Law requires that this report Department at the above address				
Information on Well (rehole Location	
(Landowner if borehole is not for	or a water well)	1	" Longitude: 89 03 , 918"	
Owner Name Clarton Home	25	Method of Lat/Long (circle on	Longitude: 01 01	
Mailing Address: 91 winding	creekscircle			
			GPS, Survey-grade GPS	
Lamar M	5 38642	14 Scu 4 Sec 2	Twn 35 Rng 3W	
<u>Lamar</u> M	te Zip Code	Distance Direction 3'14 Miles SE	Nearest Town	
Telephone No. (662) 526-9200		J vines J vines	314461670	
	Well / Borel	hole Data		
Date drilling started: 2-19-10 Date dri	illing completed: 2-19-	Hole depth: 160	Hole diameter: 63/4	
Location of the source of any surface, water	ar used for drilling:	1		
Method of dosing and volume of Chlorine	e used in drilling and devel	opment: N		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water W	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
Seismic S	Survey Other (describe)	not		
		, skip the remainder of this blo	ock	
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:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 140 feet Casing diameter: 4 inches Type of casing: 4				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 500				
Screen slot size: Old inches Setting depth: From 140 feet to 160 feet			feet	
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 tele	escoped or more than one scree	n, describe on next page	

State Well Report

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



MAR 1 8 2010

BY: OLWR

The sketch below only required for water wells

If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

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

Description of Formations Encountered	From (depth)	Γo (depth)
sed soud	Ground Level	40
while clay	40	65
white soul	65	95-
while cley	95	110
white soul	110	160
_		

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.	
$\mathcal N$	l
W house ren	
Landowner Name: Clayton Hones	
F OI WD CWD 14 /	

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

Jones W. Moson 0-670	3-15-10	Jan W. Mason	Theorem Barrano Sagar Francis 2 // 1/ Environ Barra
Print Name of Responsible Licensee and License	No. Date	Signature of Licensee	RECEIVE

MAR 1 8 2010

BY: OLWA

STATE WELL REPORT

Permit #: Driller: Toces w. Mosen Date completed: 0-19-0 Copy information from block on Part 1

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 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:	6	129
Well #:		
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.

report must be attached and both parts filed with the Department a	t the above address within 30 days of well completion.	
Well Owner Information	Well Location	
Owner Name: Clayton Honos Mailing Address: 91 Winding Creek Circle Lamar MS 38642 City State Zip Code Telephone No. (662) 526-9200	Latitude: 34.56. 258 Longitude: 89.23.018 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance Direction Nearest Town 3114 Miles SE of Sleyder	
Pump Type	Power Type	

-1. 9 1	Pump Type Circle one		in the second	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:	1p-
Date Pump Installed:	3-19-10		Setting Depth:	130	feet
Rated Pump Capacity		Gallons Per Minute	Number of Stages:	11	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 2-19-10 Static Water Level (A): 100 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): Strong I weight	
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown ofhours of pumping	

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

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