State	Well Report	For Office Use Only:		
County: Marshall Part 1 -	Part 1 – Driller's Log			
	ent of Environmental Quality	Aquifer:		
	d and Water Resources	Well#: H - 233		
Driller: Joses W. Mason P.C	D. Box 10631	Well #: _ R - Ø .) _		
Jackson	, MS 39289-0631	L. S. Elevation:		
	01)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 Well Owner	Well or Bo	rehole Location		
(Landowner if borehole is not for a water well)	34 . 48 . 523			
Owner Name Southern Housing	Latitude: 34 • 48 , 537 " Longitude: 89 • 42 , 786" 32 Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: Lot 66 Shammrok Loop	Method of Lat/Long (circle of			
Islaming Address: Pr. 64 3 48 WW. OK FOOD	USGS quad Hand-held	GPS, Survey-grade GPS		
	OSOS quad, grand-neid	Grg, Survey-grade Grs		
Byl 1: Day 2004	DE 1/2 500 1/4 Sec 22	/ _{Twn} 35 _{Rng} 5 w		
Byholia MS 38611 City State Zip Code				
City State Zip Code	State Zip Code Distance Direction			
Telephone No. (45) 838- 3773		01 71300		
Well / Borehole Data				
Date drilling started: 16-31-05 Date drilling completed: 16-31-05 Hole depth: 140 Hole diameter: 8"				
Location of the source of any surface water used for drilling: _ レト Method of dosing and volume of Chlorine used in drilling and development: _ レト				
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 Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
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:feet above of below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other: String (areigns)				
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet Casing diameter: 4 inches Type of casing: poc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: puc				
Screen slot size:, Oloinches Setting depth: From 130feet to feet				
Type of completion (circle all applicable): Gravel packed) Underreamed Telescoped Open hole Natural Development				

Top of lap pipe or reduction in casing: ________feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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The sketch below	only required p	for	water	wells

IJ	well	telescopes,	show	<u>depths</u>	on s	<u>ketch</u> .
	Gre	ound Level.		_		
			A	(

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

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	30
while clay	30	58
while soud	2.8	140
··		

		1
		
		
		
		

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.
\sim
Men 3
w house
Landowner Name: <u>Southern</u> Housing.
Landowner Name: Southern Housins. Form: OI WR-SWR-1

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

massissippi Department of Environmental Qu	ianty and the Mississippi Depa	rument of mealth regulations, if applical
laws.		
Joses or Moson	11-24-05	Your w. Moon.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT

County: Morshall Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 11-3-05 (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: Southern Housing Latitude: 34, 48, 537 Longitude: 89, 42, 786 Method of Lat/Long (check one): Conventional Survey Mailing Address: Lottob Shannock Loop USGS quad , Hand-held GPS , Survey-grade GPS NE 4 Sw 4 Sec 22 T 35 R 5W Distance Direction Nearest Town Telephone No. (662) 838-3773 13/4 Miles NW of watson **Pump Type** Power Type Circle one 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): 3/4 Other (specify): Horse Power Rating of Motor: Date Pump Installed: 11-3-05 100 Setting Depth: Rated Pump Capacity: _____ (2 11 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 11-3-05 Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): String (weight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Peet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: ____ (2 Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) peus u. Na

Form: OLWR-SWR-1B RECEIVED

Signature of Pump Installer

BY: OLWP

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