State State	Well Report	For Office Use Only:			
Don't 1	For Office Ose Only.				
County: Mississippi Departm	Mississippi Department of Environmental Quality				
Comit ".	d and Water Resources	Well #: H-245			
). Box 10631 , MS 39289-0631	L. S. Elevation:			
	01)961-5210				
	354-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the Department at the above address within 30 days of co	molellon of arming of mic how	0.00.00			
Information on Well Owner	Well or B	orehole Location			
(Landowner if borehole is not for a water well)	Tatinda 34.49 178	" Longitude: 89 • 40 · 595"			
Owner Name Homes Sweet Holmes.	Method of Lat/Long (circle of	ne): Conventional Survey,			
Mailing Address LOT 153	USGS anad Hand-hel	1 GPS Survey-grade GPS			
moores plantation	SK WASON Sec 1	3 Twn 35 Rng 5w			
Byhalia MS 38611 City State Zip Code		Novement Town			
City State Zip Code	Distance Direction	Nearest Town of いってい			
Telephone No. (901) 488-2-97					
	Borehole Data	_,			
Date drilling started: (2-1)-05 Date drilling completed: (2	-17-05 Hole depth: 110'	Hole diameter: 8'			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable): No log run Electric Gamma	Ray Density Sonic Neutron				
Purpose of borehole (check one): Water Well Geotechnical	Geological Investigation Grou	nd Source Heat Pump			
Seismic Survey Other (describe)					
Purpose of Well (check one): Home Industrial Public S	Supply Irrigation Fish Cultu	reOther:JAN 1 2 2006			
If a flowing well, method of flow regulation: Valve NA Other (describe)					
Static Water Level: 45 feet above or below (circle one) land surface Date measured: 12-17-05					
Method of Measurement (circle one) steel tape electric tape air line other: 5tring weight					
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 100 feet Casing diameter: 4 inches Type of casing: 000					
Casing length: 100 feet Casing diameter:	inches Type of casing	$= \rho c$			
Screen length: 10 feet Screen diameter:	inches Type of screen	110			
Screen slot size: 100 inches Setting depth: F	rom <u>I VO</u> feet to	res hele Natural Development			
Type of completion (circle all applicable): Gravel packed					
l l					
Top of lap pipe or reduction in casing:Afee	t. If telescoped or more than one	screen, describe on next page			

Form: OLWR-SWR-1A

Top of lap pipe or reduction in casing: _

The sketch	helow	onlv	required	for	water v	vells
I RE SKELLE	UCIUM	UILLY	, copper co	_		

Print Name of Responsible Licensee and License No.

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

f well telescopes, show depths on sketch.	Description of Formati	ions Encountered	From (depth)	To (depth)
Ground Level	Clay dir		Ground Level	20
	while o	clar	20	45
	white	50-01	45	110
				<u> </u>
		· , , , , , , , , , , , , , , , , , , ,		
				
				
		· · · · · · · · · · · · · · · · · · ·		
			 	
			- 	
			 	
				+
If more than one screen, show location of each on sketch				

JAN 12 2006 BY: OLWI Landowner Name: Hones Sweet Itolnes Form: OLWR-SWR-1A 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	aid in le	ayout and included ocating the well orthogonal arrow.	le the following: ; 3) any roads, po	1) the well location; wer lines, or other ite	2) any permaner oms that may aid	nt structures on the proper in locating the p	operty that may erty and the well;	
Form: OLWR-SWR-1A 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	V		l h) well		JAN 12	2006
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	Landowner Name: _	Hones	Sweet	Holmes		(T)		
Janes w. Mason 0-620 1-9-06 Cpan w. Mm_	Mississippi Departn laws.	ent of Environ	mental Quality	eted, and completed and the Mississippi	in accordance Department of	with all applicable r Health regulations,	equirements of the	

STATE WELL REPORT

County: Morshall Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

For Office Use Only:		
quifer:		
vell #: H-245		
ilevation:		

Driller: Joses W-Nasav Date completed: 13-17-05 Copy information from block on Part 1	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Well #:	-245	
This part of the report must be complete	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 Inform	nation		Well Location		
Owner Name: Homes Sweet	r Holmes	Latitude: 34 .49 , 19	93 Longitude: <u>89</u>	40.592	
Mailing Address: LOT 153		Method of Lat/Long (che	ck one): Convention	al Survey,	
moores pl	noitation	USGS quad, Hand-		1	
Byhalia M City Stat	5 38611 e Zip Code	SE NNW N Sec	: 13 t 3s i	<u> </u>	
City City		Distance Directi	on Nearest To	⊮ n	
Telephone No. <u>401</u> 488 . 22	297	12 Miles SE	_of_worsa	<u>ω</u>	
Pump Type			Power Type		
Circle one			Circle one		
Air Lift Jet	Submersible		asoline Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor H	land	Tractor PTO	
Centrifugal Rotary	Flowing Well	į.	Other (specify):	·	
Other (specify):		Horse Power Rating of N			
Date Pump Installed: 12-17-		Setting Depth:		_feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		RECE	FIVE
					ı —
Pump Test Da		Method o	of Measuring Water Circle one	Level JAN 1	2 2006
Date Well Tested: 12-17-05		Air Line Electric	•	Steel Boy: O	I WE
Static Water Level (A): 45 F		Other (specify):	ring weigh	#	_
Pumping Water Level (B): NA F		i	9		
	eet Below Land Surface	For flowing well, measu	red shut in head:	feet	
Test Pumping Rate: (2	Gallons Per Minute	Well yielded	GPM with a		
Duration of Pump Test (minimum 4 hou	urs): <u> </u>	∼A feet a	ifter <u> </u>	ours of pumping	
I HEREBY CERTIFY that the above str	atements are true to the best	of my knowledge.	1		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Jones W. Mosa.	Jens W. Non
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
Tille (Value of Lamp Listence, List State)	Form: OI WR-SWR-1B