

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date drilling completed: 7-8-06

**State Well Report**  
**Part 1 - Driller's Log**  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-275  
 L. S. Elevation: \_\_\_\_\_  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Holmes Sweet Homes</u> Mailing Address: <u>lot 123</u> <u>Morris plantation</u> <u>Byhalie MS 38611</u> City State Zip Code Telephone No. <u>(901) 488-2297</u>	Latitude: <u>34° 49' 37.2"</u> Longitude: <u>89° 40' 44.4"</u> Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>26</u> USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 13 Twn 35 Rng 5W</u> Distance <u>SE</u> Direction Nearest Town <u>1.2</u> Miles <u>SE</u> of <u>Warsaw</u>

**Well / Borehole Data**

Date drilling started: 7-8-06 Date drilling completed: 7-8-06 Hole depth: 95' Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: NA  
 Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): NA

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: 40 feet above or below (circle one) land surface Date measured: 7-8-06

Method of Measurement (circle one) steel tape electric tape air line other: String Weight

Well depth: 95' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 85 feet to 95 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): NA

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

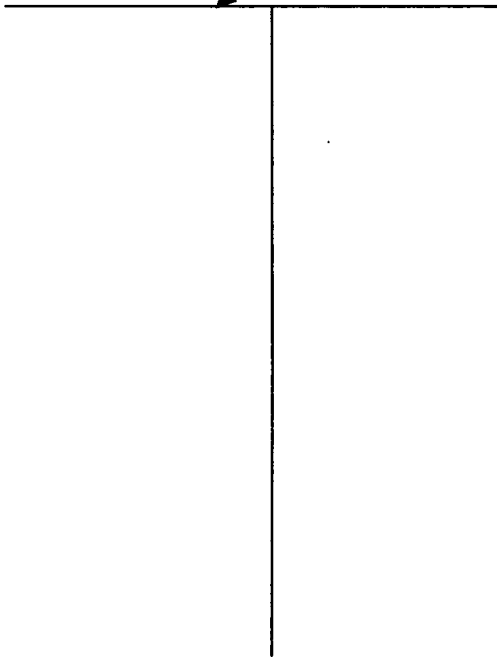
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H-275

The sketch below only required for water wells

If well telescopes, show depths on sketch.

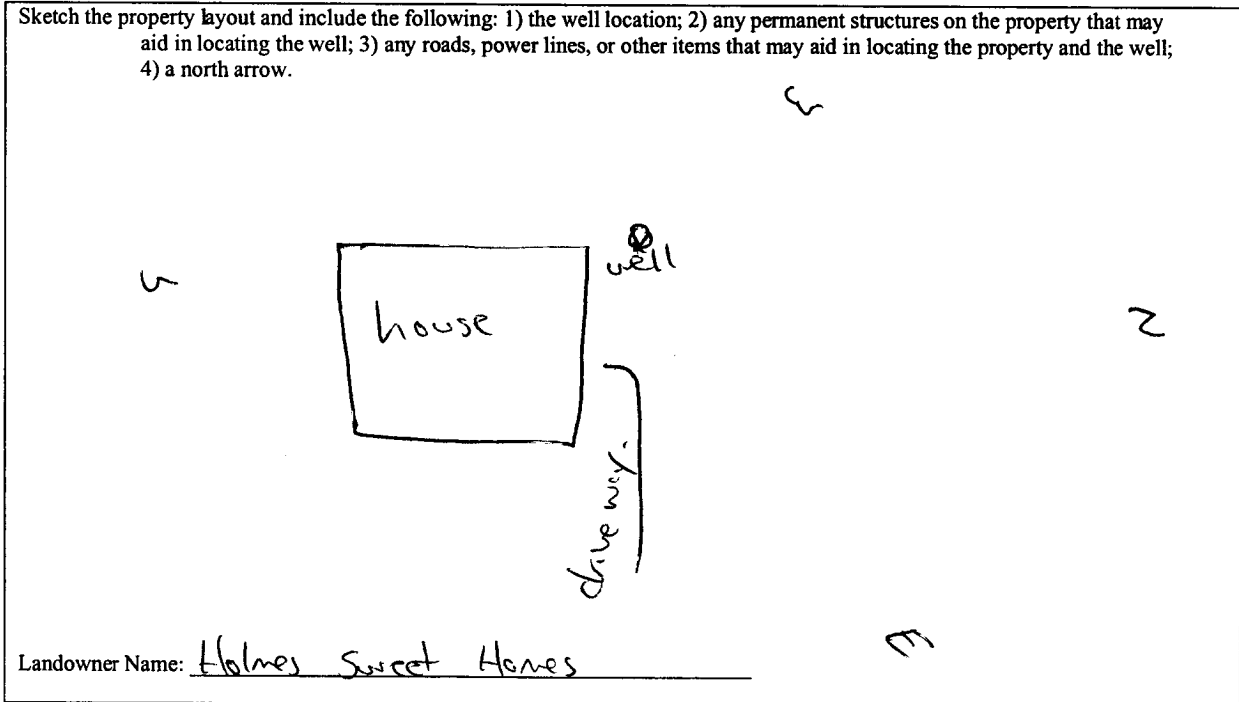
Ground Level →



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	15
white clay	15	40
white sand	40	95

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.

Print Name of Responsible Licensee and License No. Jones w. Moser License No. 0-620 Date 8-1-06 Signature of Licensee Jones w. Moser

Form: OLWR-SWR-1A

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# STATE WELL REPORT

## 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)

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 7-8-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-275  
 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: <u>Holmes Sweet Homes</u>	Latitude: <u>34.49.352</u> Longitude: <u>89.40.444</u>
Mailing Address: <u>Lot 123</u>	Method of Lat/Long (check one): Conventional Survey <u>21</u> , USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>MOORE'S plantation</u>	NE <u>1/4</u> NE <u>1/4</u> Sec <u>13</u> T <u>3S</u> R <u>5W</u>
<u>Byholia ms 38611</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>1/2</u> Miles <u>SE</u> of <u>Warsaw</u>
Telephone No. <u>(901) 488-2297</u>	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-8-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-8-06</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>String Weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones w. Mason \_\_\_\_\_ Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

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