1		State Well Report	For Office Use Only:
l	County: Morshall	Part 1 – Driller's Log	For Office of Omy.
l		Mississippi Department of Environmental Quality	Aquifer:
	Permit #:	Office of Land and Water Resources	Well #: H-314
	Driller Jones W-Mason	P.O. Box 10631	
-		Jackson, MS 39289-0631	L. S. Elevation:
	Date drilling completed: 9-18-61	(601)961-5210	
1		(601)354-6938 (fax)	E-log #:

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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.

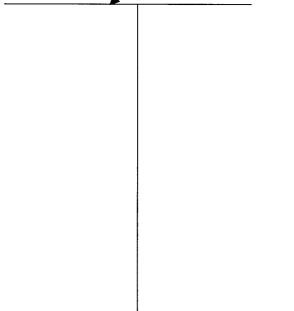
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	31, 49, 214		
Owner Name Homes Sweet Holmes	Latitude: $\frac{34 \cdot 49}{13}$, $\frac{314}{73}$ Longitude: $\frac{89 \cdot 40}{20}$, $\frac{344}{20}$ Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: LOT 141	USGS quad, (Hand-held GPS) Survey-grade GPS		
Moores Plantation	NE 1/ Arts 1/4 Sec 13 Twn 35 Rng 500		
Byholio Ms 38611 City State Zip Code	SE		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (901) 488- 2297	3/4 Miles SE of worsow		
Well / Bore	hole Data		
Date drilling started: $2 - 3 - 07$ Date drilling completed: $2 - (3 - 0)$	_ 1		
Location of the source of any surface water used for drilling:	-		
Method of dosing and volume of Chlorine used in drilling and deve	lopment:		
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geol	logical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe)			
Purpose of Well (check one): Home <u>U</u> Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve NA	Other (describe)		
Static Water Level: <u>86</u> feet above of below circle one) land surface Date measured: <u>9-25-09</u>			
Method of Measurement (circle one) steel tape electric tape air line other: string weight			
Well depth: 135 Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Mix			
Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>psc</u>			
Screen length: <u>()</u> feet Screen diameter: <u>4</u> inches Type of screen: $\rho \downarrow c$			
Screen slot size: <u>, O(O</u> inches Setting depth: From <u>115</u> feet to <u>125</u> feet			
Type of completion (circle all applicable). Gravel packed Under	rreamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If t			
	Form: OLWR-SWR-1A		

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H- 314

The sketch below only required for water wells

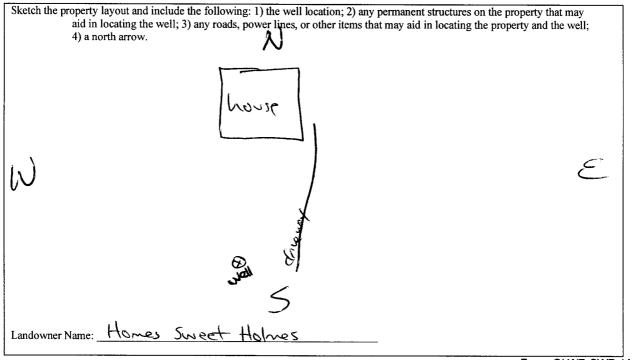
If well telescopes, show depths on sketch. Ground Level-



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 dift	Ground Level	15
with south	15	75
white clay	75	85
white sand.	- 28	125.
···		
	-	•

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



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

laws. W. Mason 0-620 Jones -07

RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

OCT 18 2007 BY: OLWR

STATE WELL REPORT					
County: Morshall Part 2 Pump Installer's Completion Rep		···· · _	For Office Use Only:		
Permit #:	Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:		
Driller: Jones W- Mosan		Box 10631	well #: <u>H-314</u>		
Date completed: <u>9-25-07</u>	,	IS 39289-0631 061 5210	Well #:		
Copy information from block on Part 1	(601)961-5210 (601)354-6938 (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: Homes Sweet	Holmes	Latitude: 34.49-214	Longitude: 89.40.344		
Mailing Address: LOT 141		Method of Lat/Long (check on	e): Conventional Survey,		
Moores Plo	ntation	USGS quad, Hand-held	GPS <u>,</u> Survey-grade GPS		

NE 1/ NW 1/ Sec 13 T3S R 5W

Nearest Town

BY: OLWR

Direction

3/4 Miles SE of worsow.

38611 Zip Code

<u>Byholia</u>

City

Telephone No. (901) 488- 2297

MS

State

	Pump Type Circle one				Power Type Circle one	
Air Lift	Jet 🔇	Submersible		Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	\langle	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well		Windmill	Other (specify):	·····
Other (specify):				Horse Power Rating	of Motor: 3/4	
Date Pump Installed:	9-25-07			Setting Depth:	110	feet
Rated Pump Capacity:	(0)	Gallons Per Minute		Number of Stages:	8	

Distance

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: <u>9-25-07</u>			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): <u>String I weight</u>		
Pumping Water Level (B): Feet Below Land Surface			
Drawdown $[(B) - (A)]$:Feet Below Land Surface	For flowing well, measured shut in head:		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	feet after <u>24</u> hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jones w. Moson 0-620	Gens w. Mon	DECE		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	RECEIVED		
		Form: OLWR-SWR-1B		
		OCT 18 2007		