	State Well Report	E. Office Her Onless		
County: Morshall -	Part 1 - Driller's Log	For Office Use Only:		
l M	ississippi Department of Environmental Qu			
Permit #:	Office of Land and Water Resources	Well #:		
Driller: Janes w. Mason.	P.O. Box 10631			
Date drilling completed: 3-29-06	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed:	(601)961-5210 (601)354-6038 (for)	E-log#:		
	(601)354-6938 (fax)	E-10g #.		
	e prepared by the license holder responsib thin 30 days of completion of drilling of th			
Information on Well Own		ll or Borehole Location		
(Landowner if borehole is not for a	water well)	1345 - 1 89 37 645 I		
0	Latitude: 34 ° 36	'yeq" Longitude: 01 6 33 9 4 "		
Owner Name Champion Homes -	Method of Lat/Long (c	294 " Longitude: 89 • 35 694", 45 circle one): Conventional Survey,		
Mailing Address: 415 - Skating	13-15 id.			
	USGS quad, Ha	nd-held GPS, Survey-grade GPS		
		nd-held GPS, Survey-grade GPS		
Buhalia Mis	38611	I WII 55 RIIG (1-		
Byholic My City State	Zip Code Distance Dire	ction Nearest Town of Overesia		
	1'14 Miles	e of <u>victoria</u>		
Telephone No. (663) 536-5700				
	Well / Borehole Data			
2 2				
Date drilling started: 3-39-06 Date drilling	ng completed: 3-39-06 Hole depth: 1)	Nole diameter: ∆ ■		
Location of the source of any surface, water u	sed for drilling: NA			
Location of the source of any surface water u Method of dosing and volume of Chlorine us	sed in drilling and development.			
	Electric Gamma Ray Density Sonic Net	itron Other:		
Name of organization running log(s):, ~_	_			
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation	Ground Source Heat Pump		
9				
Seismic Sur	veyOther (describe) water_well construction, skip the remainder o	f this black		
-	strial Public Supply Irrigation Fish (
If a flowing well, method of flow regulation:	Valve Other (describe)			
Static Water Level: 105 feet abov	e or below (circle one) land surface Date me	asured: 3-39-0 6		
Method of Measurement (circle one) steel	tape electric tape air line other	: String (weight		
Well depth: 170 Well grouted to a depth	of feet Type of grout (circle one): N	eat Cement Bentonite Mix		
Casing length: 160 feet Casing	diameter: 4 inches Type of ca	ising: _ put		
Screen length: 10 feet Screen	diameter: 4 inches Type of sc	reen: Du C		
Screen slot size: O10 inches Setting depth: From 160 feet to 170 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:

Form: OLWR-SWR-1A

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The	sketch	below	only	required	for	water wells

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

<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)	io (aeptn)
clay dist.	Ground Level	35
ley land	35	ય૦
white soud	40	90
while clay	90	110
white Soud	110	170
		i
	<u> </u>	
	-	
	 	
	1	-
	 	
	L	l.,

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

aid in locating the w 4) a north arrow.	elude the following: 1) the well location; 2) any permanent structures on rell; 3) any roads, power lines, or other items that may aid in locating the	the property that may property and the well;
Landowner Name: Cwampi	on Hones-	Form: OLWP-SWP-1

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

Jones w. Noser	4-38-06	Jans W. Mann
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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STATE WELL REPORT

Part 2

County: Morshall

Date completed: 3-39-06

Permit #:

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)

For Office Use Only:
Aquifer:
Well#: <u>5-225</u>
Elevation:

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: Champion Homes.	Latitude: 34.50.749 Longitude: 89-35.644	
Mailing Address: 415 - Skoting link	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Byholia Ms 38611 City State Zip Code	ME 1/2 NW 1/4 Sec 11 T 35 R 4W	
City State Zip code	Distance Direction Nearest Town	
Telephone No. (662) 536- 5700	1'14 Miles E of victoria	

Pump Type Circle one			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: 314	_
Date Pump Installed:	3-29-0	06	Setting Depth:	140	feet
Rated Pump Capacity	y: (2	Gallons Per Minute	Number of Stages:	((
i			1		

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 3-39-06 Static Water Level (A): 165 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): 5tring (weight)		
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute	For flowing well, measured shut in head: Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 24 hours	NA feet after 24 hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of r	ny knowledge.	
Jones W. Mosn.	Gen willen	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B
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