State W	ell Report		
l	For Office Use Univ:		
	Oriller's Log		
Mississippi Departmen	t of Environmental Quality Aquifer:		
	and Water Resources Well #:		
Duillan Numb & C. (AVIA 1639)	30X 10031		
Jackson, N	1S 39289-0631 L. S. Elevation:		
2 and annual results and a second sec	961-5210 4-6938 (fax) E-log#:		
(601)33	4-0938 (lax)		
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense holder responsible for the work and filed with the		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	34 5 105 00 26 500		
	Latitude: 34 . 50 . 153 " Longitude: 89 . 36 . 535"		
Owner Name Southern Housing	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: Lot 22 mechanica C.1	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: Wecklington Cr.	USGS quad, (Hand-held GPS) Survey-grade GPS		
20-11	56 45E 4 Sec 10 Twn 35 Rng 4w		
Bytalia Ms 38611 City State Zip Code	1 8 = C:1		
City State Zip Code	Distance Direction Nearest Town 314 Miles SE of Victoria		
Telephone No. (663-) 838- 3773	JIM Miles JE of O'CTO/19		
Telephone No. (Gest) EDG 3773			
Well / Bore	ehole Data		
5-3-06	nd IVa		
Date drilling started: Date drilling completed:	Hole depth: Hole diameter:		
To a street of the same of the	a .		
Location of the source of any surface water used for drilling:	donment: 4/4		
Wethou of dosing and volume of Chrotine used in drining and deve	population of the second of th		
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 Landustrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve PA Other (describe)			
Static Water Level: 93 feet above on below) (circle one) land surface Date measured: 5-3-06			
Method of Measurement (circle one) steel tape electric tape air line other: String loveignt			
Well depth: 140 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 130 feet Casing diameter: 4 inches Type of casing: 000			

inches

130

Type of screen:

Telescoped Open hole

feet. If telescoped or more than one screen, describe on next page

10

Top of lap pipe or reduction in casing:

feet

Type of completion (circle all applicable) Gravel packed Underreamed

Screen diameter:

Setting depth: From_

Other (describe):

NA.

Screen length: __

Screen slot size: _.OIO

Form: OLWR-SWR-1A

feet

Natural Development

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The sketch	helow	only	required	for	water	wells
THE SKELLIE	Deton	UILLY	<i>i</i> cy <i>ancu</i>	ıvı	MMICI	rreus

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)	Fo (depth)
Clay dist.	Ground Level	90
white soud	15	90
white clay	90	95
white sand	95	140
		-
		

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

Sketch the property layout and include the following: 1) the well lo aid in locating the well; 3) any roads, power lines, or 4) a north arrow.	ocation; 2) any permanent structures on the property that may other items that may aid in locating the property and the well;
	5
Jan Lause	
Landowner Name: Southern housing.	~

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.

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

Part 2 County: Worshall

Pump Installer's Completion Report

For Office Use Only:		
Aquifer:		
Well #:	5-230	

Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
Driller: Jones w. Masor	Office of Land and Water Resources			
Date completed: 5-3-06	P.O. Box 10631 Jackson, MS 39289-0631		Well #:	
Date completed: 3 3	(601)961-5210			
Copy information from block on Part 1	(601)35	4-6938 (fax)	Elevation:	
This part of the report must be completed le report must be attached and both parts file	•	4 4	10 0	
Well Owner Informati	on	Well	Location	
Owner Name: Southern Housing		Latitude: 34.50.103 Longitude: 29, 36, 535		
Mailing Address: LDT 33 Meadow	wiew crl	Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
Byhalig Ms 38611 City State Zip Code		500 1/3 E 1/4 Sec 10 T 33 R 40		
•		Nearest Town		
Telephone No. (662) 838- 3773		3/4 Miles SE of Victoria		
Pump Type		Pov	wer Type	
Circle one	_	Ci	rcle one	
Air Lift Jet	Submersible		e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	·	specify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 5-3-06		Setting Depth: feet		
1 2	Gallons Per Minute	Number of Stages:		
Pump Test Data Date Well Tested: 5-3-06			asuring Water Level rcle one	
Static Water Level (A): 93 Feet 1		Air Line Electric Meas	suring Line Steel Tape	
Pumping Water Level (B): \nearrow Feet Below Land Surface		Other (specify): String I weight		
Drawdown [(B) – (A)]:	Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded 12	_GPM_with a drawdown of	
Duration of Pump Test (minimum 4 hours):	∂Чhours	feet after	hours of pumping	
I HEREBY CERTIFY that the above statem	ents are true to the hest o	f my knowledge		
	one are are to the best o			
Lones w. Masa.	o (if applicable)	Jan W. No	- 11	

Print Name of Pump Installer and License No. (If applicable) Signature of Pump Installer Form: OLWR-SWR-1B

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