State	Well Report			
	- Driller's Log	For Office Use Only:		
Mississippi Departn	nent of Environmental Quality	Aquifer:		
Permit #: Office of Lan	d and Water Resources	Well #: 1-87		
Driller: TOWEY CO. IN 18 16W	D. Box 10631	Well #: // // //		
Jackson	, MS 39289-0631	L. S. Elevation:		
	01)961-5210			
(601)	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				
Information on Well Owner	Well or Bo	rehole Location		
(Landowner if borehole is not for a water well)	34 . 42 . 224			
Owner Name Hones Sweet Holmes	Method of Lat/Long (circle or	" Longitude: <u>89 • 35 , 911 "</u> ne): Conventional Survey,		
Mailing Address: LOT 4				
Chulchano rd Holly Springs M3 38635 City State Zip Code		GPS Survey-grade GPS		
Holly Society and 30005	300 1/4 Nov 1/4 Sec 36	Twn 45 Rng 4w		
City State Zip Code	Distance 5 W Direction	Nearest Town		
	Miles 5	of moricana		
Telephone No. (901) 488- 2397				
Well / R	orehole Data			
		631		
Date drilling started: 2-12-67 Date drilling completed: 2-13	Hole depth: 415	Hole diameter: 63/4		
Location of the source of any surface water used for drilling:A Method of dosing and volume of Chlorine used in drilling and development:A				
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/G	eological Investigation Ground	Source Heat Pump		
Seismic Survey Other (descr	ihe)			
If drilling is not related to water well construct	tion, skip the remainder of this blo	ock		
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: 160 feet above of below (circle one) land surface Date measured: 2-19-07				
Method of Measurement (circle one) steel tape electric tape air line other: String lineight				
Well depth: Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length:				
Screen length: () feet Screen diameter: 4 inches Type of screen: puc				
Screen slot size: . O(0 inches Setting depth: From 205 feet to 315 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

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

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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	40
red soud	90	60
while soud	60	90
white clay	93	140
Blue clai	140	180
white soud.	180	315

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

Sketch the	property layout and include the following: 1) the well location; 2) any permanent structures on the property that m aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the w 4) a north arrow.	ay vell;
	Ш	
2	hause	
	drive way well	\
Landowne	Name: Homes Sweet Holmes. 3	

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.

Signature of Licensee RECEIVED

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STATE WELL REPORT

County: Morshal Permit #:

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

For Office Use Only:		
Aquifer:		
Well #: <u>N-87</u>		
Elevation:		

Date completed: 2-14-0)	1 ')961-5210		
Copy information from block on Part 1	1	54-6938 (fax)	Elevation:	
This part of the report must be completed	」 I bv a licensed water well	contractor or a licensed nump is	ustaller. A copy of Part 1 of the	
report must be attached and both parts fil	led with the Department o	at the above address within 30 do	ays of well completion.	
Well Owner Informat			l Location	
Owner Name: Hones Sweet Holmes		Latitude: 34-42.274	Longitude: 89, 35, 911	
Mailing Address: LOT 4		Method of Lat/Long (check on	ne): Conventional Survey,	
Chulahena 1	<u>rd</u>	USGS quad, Hand-held GPS_\(\bullet\), Survey-grade GPS		
Hally Springs ms 38635 City State Zip Code		SU 1/ NW 1/ Sec 26 T 45 R 46		
			Nearest Town	
Telephone No. (901) 488-239	17	<u>'\2</u> Miles or	1 Marionna	
Pump Type Circle one			wer Type rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 2-19-07		Setting Depth: 18	<u>O</u> feet	
Rated Pump Capacity: 12	_Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested: 3-19-07			rcle one	
	D. I	Air Line Electric Meas	suring Line Steel Tape	
Static Water Level (A): 160 Feet Below Land Surface		Other (specify): String	I weight	
Pumping Water Level (B): Feet	Below Land Surface		3	
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured sh	ut in head: NA feet	
Test Pumping Rate: Gallons Per Minute		Well yielded l a	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	: 24 hours	feet after	hours of pumping	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		

1	
I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Janes W. Mason 0-620	gas or Non
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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