	State W	ell Report		
County: Morshall	Part 1 – D	For Office Use Only:		
	Mississippi Department	Aquifer:		
Permit #:		nd Water Resources	Well #: \D - 53	
Driller: Jones W. Moson	P.O. B	Sox 10631	Well#:	
		IS 39289-0631	L. S. Elevation:	
Date drilling completed: 11-13-06	(601)9	961-5210		
	[601)354	1-6938 (fax)	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	Well or Bo	rehole Location	
(Landowner if borehole is not f	or a water well)	24 . 47 . 26		
Owner Name Steve Weave	<u></u>	Latitude: 57 ° 76 '55'	2" Longitude: 89 • 31 ,430" ne): Conventional Survey,	
Mailing Address: Lester	rg.		_	
at very dead-e	nd of rd.		GPS Survey-grade GPS Twn_45 Rng Sw_	
Holly Springs 1 City Sta	ns 38635	1 - 1/4 Sec 1	Twn Rng	
City Sta	te Zip Code	Distance Direction	Nearest Town of Marianna	
Telephone No. (9%) 334 - 7) a	3	Miles NF	of Malianna	
Well / Borehole Data				
Date drilling started: 11-13-06 Date dr	rilling completed: II-13-0	Hole depth: 110'	Hole diameter: <u>6314"</u>	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: A				
Logs run (circle all applicable) No log rup Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump				
Seismic SurveyOther (describe)				
Purpose of Well (check one): Home	Industrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation: ValveNA Other (describe)				
Static Water Level: 80 feet above of below circle one) land surface Date measured: 11-13-06				
Method of Measurement (circle one) steel tape electric tape air line other: String lueignt				
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Mix				
Casing length: 100 feet Casing diameter: 4 inches Type of casing: psc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: pot				
Screen slot size:				
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development				

Top of lap pipe or reduction in casing:

Other (describe):

A
feet. If telescoped or more than one screen, describe FORM: OLWR-SWR-1A
DEC 0 4 2006

The sketch below only requi	red for water wells	
If well telescopes, show dept	h <u>s on sketch</u>	
		_
		_
		-
		_
		_
		-
		-
		-

<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) To (depth) Cley dick Ground Level 20 10d Soud 35 110 110	1)
169 2009 90 33	
white soud 35 110	
	_

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 paid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property a north arrow.	property that may perty and the well;
well	
Whouse House	E
drive way	
Landowner Name: Steve Weaver-	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. Deres w. Moser	0-630	11-28-06	Ges w. Man	RECEIVED
Print Name of Responsible Li	censee and License No.	Date	Signature of Licensee	DEC 0 4 2006
				BY: OLWF

STATE WE	ELL REPORT		
County: Morshall Pa	art 2	ice Use Only:	
Pump Installer's	Completion Report	ice use only.	
	t of Environmental Quality nd Water Resources Aquifer:		
I Dan In an in the Million Committee of the Committee of	10(21	1/2	
Date completed: 11-15-06	IS 39289-0631 Well #:	<u>- 55</u>	
(601)	961-5210 4-6938 (fax) Elevation:		
Copy information from block on Part 1 (601)33	. 0550 (1411)		
This part of the report must be completed by a licensed water well or			
report must be attached and both parts filed with the Department at Well Owner Information	Well Location	nenon.	
Owner Name: Steve weaver	Latitude: 34,46, 353 Longitude: 89	.31.430	
Mailing Address: Lester 1d.	Method of Lat/Long (check one): Convention	26 al Survey,	
at very dead-end of road	USGS quad, Hand-held GPS, Surve	y-grade GPS	
11.11 1 11. 20135			
Holly Springs MS 38635 City State Zip Code	NE 1/NW 1/2 Sec 4 T 45 R 3W		
Siny Sinte Zip Code	Distance Direction Nearest To-	wn	
Telephone No. (<u>981) 33</u> 4 - うつる3	4 Miles NE of morian	. 10	
rereptione No. (N) 334 7763		1~d	
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 of Motor: 3/4		
Date Pump Installed: 11-13-06	Setting Depth: 100	_feet	
Rated Pump Capacity: Gallons Per Minute	Number of Stages:	<u> </u>	
Pump Test Data	Method of Measuring Water Circle one	Level	
Date Well Tested: 11-13-06			
Static Water Level (A):	Air Line Electric Measuring Line	Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify): String weight		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:	JAfeet	
Test Pumping Rate:Gallons Per Minute	Well yielded (A GPM with a c	Irawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after 34 ho	ours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.		
Janes W. Mosson O-620	Ω . M	BECEIV	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

Form: OLVDEEWB-1B 2005