	State Well Report			
County: Thankell	Part 1 - Driller's Log	For Office Use Only:		
	Mississippi Department of Environment	al Quality Aquifer: P85		
Permit #: 0/62 Driller: Lary Cayester	Office of Land and Water Resour	Well #:		
Driller: Lary Corperter	P.O. Box 10631			
Date drilling completed: 10-5-09	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:		
Date drilling completed: 202 - 1	(601)354-6938 (fax)	E-log #:		
<u> </u>	(001)354 0550 (101)	2 105 11.		
	t be prepared by the license holder respo within 30 days of completion of drilling			
Information on Well (wner	Well or Borehole Location		
(Landowner if borehole is not fo	or a water well)	U2. 9		
Owner Name anderson Hom	Latitude: 39°	42 , 17 " Longitude: 89 • 21 , 8 14,		
Mailing Address: Po Box 5.	Made de Clastic	ng (circle one): Conventional Survey,		
	USGS quad	Hand-held GPS, Survey-grade GPS		
1111 5	NE 4 SE 1	Sec 25 Twn 45 Rng ZU		
Helly Surveyor 72 City State	e Zip Code Distance	Direction Negreet Town		
	Milas)	Direction Nearest Town		
Telephone No. (62) 252-3	3 00			
	Well / Borehole Data			
		120		
Date drilling started: 16-5-69 Date dri	lling completed: 10-5-07 Hole depth:	Hole diameter: 8		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Yell Water Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Yell Chlorine to 1000 Hell Water				
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 W	ell K Geotechnical/Geological Investigation	Ground Source Heat Pump		
Seismic SurveyOther (describe)				
If drilling is not related	to water well construction, skip the remaind	er of this block		
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: 8 0 feet above of below (circle one) land surface Date measured: 18-5-07				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 12 D Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 1/0 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: • 0/3 inches Setting depth: From				
Type of completion (circle all applicable):	Gravel packed Underreamed Telescop	ed Open hole Natural Development		
	Other (describe).			

Top of lap pipe or reduction in casing: ______ feet. If telescoped or more than one screen, describe on next page

The sketch below	anh required for	mater melle
I RE SKEICH DELUW	onty required for	water weus

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

P	8	S
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If well telescopes, show depths on sketch.	
Ground Level	

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Suface Soil	O	2/
Web. Rel Sort	21	45
_		7
net. Whit Soul	45	69
White Clay	67	78
Whate Coase Soul	78	120
	 	
		1

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

Sketch the property layout and include the following: 1) the well location aid in locating the well; 3) any roads, power lines, or other 4) a north arrow.	on; 2) any permanent structures on the property that may are items that may aid in locating the property and the well;
	20th
B)	
The state of the s	Jecox Re
	Winning
	Hove buying
Landowner Name: Osham Home. LLC	Well
Editor Fibri Fallo.	Form: OLWR-SWR-1/

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

LARRY CARPENTER 0-16= 10-15.09

Print Name of Responsible Licensee and License No.

AV OF ME

STATE WELL REPORT

County: Transfell Permit #: 0 - 1 6 2 Driller: Lary Carpella Date completed: 18 - 5 0 9 Copy information from block on Part 1

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 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:			
Aquifer:	P	85	
Well #:			
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** Latitude: Longitude: Mailing Address: PO Box 5/12 Method of Lat/Long (check one): Conventional Survey, USGS quad ____, Hand-held GPS____, Survey-grade GPS____ Systing no. 38635 City State Zip Code 1/4 Sec 25 T 45 R ZW Distance Direction Nearest Town Telephone No. (612) 257-3500 Miles SE of Holly Springe **Pump Type Power Type** Circle one Circle one Air Lift Submersible Jet Diesel Engine Gasoline Engine Natural Gas Bucket Piston **Turbine** Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: 10-509 Setting Depth: / 0 o feet Rated Pump Capacity: _____/ 2 Gallons Per Minute Number of Stages: // Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: ______ / 8 - 5 _ 8 9 Steel Tape Air Line **Electric Measuring Line** Static Water Level (A): 80 Feet Below Land Surface Other (specify): Pumping Water Level (B): 86 Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: ______feet Well yielded ______/ 7 ____GPM with a drawdown of feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours): _____ hours

I HEREBY CERTIFY that the above statements are true to the best		on on the contract of
LA MAY CAMPENTER 0-162	Lang Conserta	UU 1 2000
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B