State W	ell Report	For Office Use Only:			
	Part 1 – Driller's Log				
Mississippi Departmen	Mississippi Department of Environmental Quality				
Permit #: Office of Land a	Office of Land and Water Resources				
Driller b o b s 1 / V Octobril	30x 10631	Aquifer:			
Jackson, M	1S 39289-0631 961-5210	L. S. Elevation:			
	961-3210 4-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	oletion of drilling of the well	or borehole.			
Information on Well Owner		rehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34 . 38 , 947	" Longitude: 89 • 38 · 55 "," ne): Conventional Survey,			
Owner Name Chamaign Homes.	57	30			
Owner Name Champion Homes. Mailing Address: 6393 May 4 W		_			
	USGS quad, Fland-held	GPS, Survey-grade GPS Twn 55 Rng 4w			
1/2/11 S . 1 2 MS 20 20	NE 1/2 5W 1/2 Sec 17	Twn 55 Rng 4W			
Holly Springs MS 38635 City State Zip Code	Distance Direction	Nearest Town			
	1914 Miles Sw	Nearest Town of Chulahoma			
Telephone No. (662) 526 - 5700					
Well / Bore	hole Data	· · · · · · · · · · · · · · · · · · ·			
Date drilling started: 3-18-08 Date drilling completed: 3-18-6	08 Hole depth: 185	Hole diameter: 63(4-			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment: NA				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump			
Seismic Survey Other (describe If drilling is not related to water well construction) n, skip the remainder of this bl	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: feet above on below circle one) land surface Date measured: 3 - 32 - 05					
Method of Measurement (circle one) steel tape electric tape air line other: string weight					
Well depth: 185 Well grouted to a depth of 19 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 165 feet Casing diameter: 4 inches Type of casing: 540					
Screen length: 30 feet Screen diameter: 4 inches Type of screen: p.c.					
Screen slot size: Clo inches Setting depth: From (6) feet to (6) 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:feet. If tel	escoped or more than one scre	en, describe on next page			

Form: OLWR-SWR-1A
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APR 2 1 2008

BY: OLWR

The sketch	below	only	reauired	for	water	wells

If well telescopes, show depths on sketch.

Ground Level

70 11.		1 1	

<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)
Clay dict	Ground Level	16
sed sound	01	96
while soud	OF.	65
white clay	65	03
white Soud	93	(00)
while clay	(00)	138
cashite south	(30	185

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

			ctures on the property that may cating the property and the well;
4) a north arrow.	we V	5	
	he	7.03e	
3			10
Landowner Name: Chom	sion Homes	~	

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. Mosen 0-620	4-16-08.	Gen w. Mon	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	RECEIVE

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BY: OLWF

STATE WELL REPORT

Part 2

County: Marshall

Date completed: 3-23-08

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

For Office Use Only:
Aquifer:
Well #: R . 57
Elevation:

Copy information from block on Part 1	(601)354-6938 (fax)		Elevation:
This part of the report must be completed report must be attached and both parts fil			
Well Owner Information			
Owner Name: Champion Hon	·67	Latitude: 34 3 8 - 역사기	Longitude: 89-38-50
Mailing Address: 6393 Luny		Method of Lat/Long (check or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Holly Springs 1	NS 38635	NE 1/ 5w 1/ Sec 1	7 T 55 R 4W
City 1 smale	Zip Code	Distance Direction	Nearest Town
Telephone No. (062) 526-576	<u> </u>	144 Miles Sw o	f Chuicherna
Pump Type Circle one		į.	wer Type ircle one
Air Lift Jet	Submersible	Diesel Engine Gasolir	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):	Other (specify): Horse Power Rating of Motor:/ W		
Date Pump Installed: 3-37-08		Setting Depth:/	feetfeet
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:/	(
Pump Test Data			asuring Water Level
Date Well Tested: 3-22-08		Air Line Electric Mea	suring Line Steel Tape
Static Water Level (A): Feet	Below Land Surface		
Pumping Water Level (B): NA Feet	Below Land Surface	Other (specify): 3 to the	, lueight
Drawdown [(B) – (A)]:	Below Land Surface	For flowing well, measured sh	nut in head:feet
Test Pumping Rate:	Gallons Per Minute	Well yielded(🛇	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	Hours hours	feet after_	hours of pumping
I HEREBY CERTIFY that the above staten	nents are true to the best of	of my knowledge.	
Print Name of Pump Installer and License N	0.620.	Signature of Pump In	At llar
L Drint Nama at Dumn Installer and License N	No. (it applicable)	Signature of Pump In	staner