

Tallahatchie

State Well Report

Part 1 - Driller's Log

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: _____
Well #: _____
L. S. Elevation: E 75
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Houston Drilling Inc
Date drilling completed: 12/6/04

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>JIM HOLLAND</u>	Latitude: <u>34° 08' 94" N</u> Longitude: <u>090° 09' 48" W</u>
Mailing Address: <u>PO BOX 983</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Fulton, MS.</u>	USGS quad, <u>56</u> <u>29</u>
<u>38843</u>	NE 1/4 SE 1/4 Sec <u>2</u> T1N R25E S1E
City _____ State _____ Zip Code _____	Distance _____ Miles Direction _____ of Nearest Town <u>Crowder</u>
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 12/5 Date drilling completed: 12/5 Hole depth: 85 Hole diameter: 20"

Location of the source of any surface water used for drilling: 34° 08' 94" N 090° 09' 48" W

Method of dosing and volume of Chlorine used in drilling and development: 1 Pound Per 1000 GAL

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 _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 36" feet above or below (circle one) land surface Date measured: 12/5

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 85' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 10" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10" inches Type of screen: PVC

Screen slot size: 1030 inches Setting depth: From 45 feet to 85 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 telescoped or more than one screen, describe on next page**

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

AA-117

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	20
FINE SAND	20	40
COARSE SAND & GRAVEL	40	85

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 may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

S

Landowner Name: JIM HOLLAND

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.

PAUL POWELL 0435 12/8/04

Paul Powell

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

Attestation of the Department of Education
for the purpose of the application for admission

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for the purpose of the application for admission

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for the purpose of the application for admission

100-111

The undersigned, being the duly qualified and authorized representative of the Department of Education, do hereby certify that the following information is true and correct to the best of my knowledge and belief:

1. The applicant is a person of good character and sound mind, and is qualified to receive instruction in the common schools of this State.

2. The applicant is a resident of this State, and is under the age of 21 years.

3. The applicant has not been previously educated in any school, and is not now attending any school.

4. The applicant has not been previously admitted to any school, and is not now attending any school.

5. The applicant has not been previously expelled from any school, and is not now attending any school.

6. The applicant has not been previously convicted of any crime, and is not now attending any school.

7. The applicant has not been previously declared insane, and is not now attending any school.

8. The applicant has not been previously declared a pauper, and is not now attending any school.

9. The applicant has not been previously declared a lunatic, and is not now attending any school.

10. The applicant has not been previously declared a convict, and is not now attending any school.

11. The applicant has not been previously declared a vagrant, and is not now attending any school.

12. The applicant has not been previously declared a beggar, and is not now attending any school.

13. The applicant has not been previously declared a prostitute, and is not now attending any school.

14. The applicant has not been previously declared a drunkard, and is not now attending any school.

15. The applicant has not been previously declared a gambler, and is not now attending any school.

16. The applicant has not been previously declared a thief, and is not now attending any school.

17. The applicant has not been previously declared a forger, and is not now attending any school.

18. The applicant has not been previously declared a swindler, and is not now attending any school.

19. The applicant has not been previously declared a cheat, and is not now attending any school.

20. The applicant has not been previously declared a liar, and is not now attending any school.

21. The applicant has not been previously declared a knave, and is not now attending any school.

22. The applicant has not been previously declared a scoundrel, and is not now attending any school.

23. The applicant has not been previously declared a rascal, and is not now attending any school.

24. The applicant has not been previously declared a villain, and is not now attending any school.

25. The applicant has not been previously declared a scoundrel, and is not now attending any school.

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Tallahatchie

STATE WELL REPORT

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: _____

Well #: M-47

Elevation: ETS

119

County: Tallahatchie
 Permit #: _____
 Driller: HOUSTON DRILLING
 Date completed: 12/6/04
Copy information from block on Part 1

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
Owner Name: <u>JIM HOLLAND</u>	Latitude: <u>34° 03.94' N</u> Longitude: <u>090° 09.48' W</u>
Mailing Address: <u>PO BOX 963</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁵⁶
<u>FULTON, MS</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ ²⁹
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 2 T 25N R 1E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>S</u> of <u>CROWDER</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 HP</u>
Date Pump Installed: <u>12/6/04</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

PAUL POWELL 0435
Print Name of Pump Installer and License No. (if applicable)

Paul Powell
Signature of Pump Installer