	State W	ell Report	
County: Take	Part 1 – Driller's Log		For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality		Aquifer:
	Office of Land and Water Resources		Well #: <u>D- 147</u>
Driller: Joses w. Mason	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation: 341'
Date drilling completed: 4-16-08	•	961-5210	L. S. Elevation:
	(601)35	4-6938 (fax)	E-log #:
State Law requires that this repor Department at the above address	t be prepared by the lic within 30 days of comp	ense holder responsible for t pletion of drilling of the well	he work and filed with the or borehole.
Information on Well C)wner		rehole Location
(Landowner if borehole is not fo	ŕ	Latitude 34 . 44 , 569	" Langitude: 89 . 46 . 489 "
Owner Name Southern Hous;	<i>~</i> S		" Longitude: <u>89 ° 46 ', 489 "</u>
Mailing Address: 2136 water			e): Conventional Survey,
<u> </u>			GPS Survey-grade GPS
Caldwoter Mi	38618	NW 14 HW 14 Sec 18	Twn 45 Rng 5w
City Stat	e Zip Code	Distance Direction	Nearest Town
Telephone No. (42) 838- 377	3	Distance Direction Miles The state of the	of New Gorden
	Well / Bore		
Date drilling started: 4-16-08 Date dri	lling completed: 4-16-6	Hole depth: 155	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 development:			
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 We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
	urvey Other (describe) to water well construction) n, skip the remainder of this blo	ck
Purpose of Well (check one): Home In	dustrial Public Supply	Irrigation Fish Culture	Other
If a flowing well, method of flow regulation		ther (describe)	Outer.
Static Water Level: feet above on below (circle one) land surface Date measured: 4-18-08			
Method of Measurement (circle one) steel tape electric tape air line other: Strive (weight.			
Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 145 feet Casing diameter: inches Type of casing:			
Screen length:feet Scree	n diameter:	_inches Type of screen:	م-c
Screen slot size: inches Setting depth: From feet to 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 tele	escoped or more than one scree	n, describe on next page

Form: OLWR-SWR-1A

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				D
The sketch below only required for water wells	<u>Description</u>	of formations encountered	d must be provide	d for all
	wells and be	oreholes, unless specificali	y exempted by res	ulations
If well telescopes, show depths on sketch.				
Ground Level	Description of	Formations Encountered	From (depth)	To (depth)
	109	sand	Ground Level	10
	white	Sad	(0)	122
				<u> </u>
				
				<u> </u>
				_
			_	
				
				
				-
				

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

Sketch the property layout and include the following: 1) the aid in locating the well; 3) any roads, power 4) a north arrow.	he well location; 2) any perm lines, or other items that ma	nanent structures on the property that may by aid in locating the property and the well;
	well B	
house		~
de income	N	
Landowner Name: Southon Housing.		Farmer OLIMP CIMP of

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.

Jeres	milyera	9-630	_ S-14-c
Print Name	e of Responsible Lie	censee and License!	No. Date

Signature of Licensee RECEIVED

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STATE WELL REPORT

County: Tote Date completed: 4-18-08 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:			
well #: D- 147			
Elevation: <u>34/</u>			

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: Southern Housing	Latitude: 34.44.569 Longitude: 89.46.489	
Mailing Address: 2136 wotefeild N.	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	NW 1/2 NW 1/4 Sec 18 T 45 R SW	
	Distance Direction Nearest Town	
Telephone No. (金み) 338-3773	Milesot_of_ new gorden_	
Pump Type Circle one	Power Type Circle one	

	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	g of Motor: 316	4
Date Pump Installed:	4-18-08		Setting Depth:	08	feet
Rated Pump Capacity:		Gallons Per Minute	Number of Stages: _	8	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 4-18-08	Circle one		
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): String (weight		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:		
Test Pumping Rate: Gallons Per Minute	Well yielded (C GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 34 hours	hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jags 4. Mason 0-620	Gang W. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Farm OLIMPROMENT

Form: OLWRINGENED