State W	Vell Report		
	Driller's Log For Office Use Only:		
Missississis Danset	nt of Environmental Quality Aquifer:		
Permit #: Office of Land a	and Water Resources		
Dillier CICAME CO. I CENS	50X 10031		
[AS 39289-0631 L. S. Elevation:		
(601)35	4-6938 (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 Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 . 38 ,679 " Langitude 90 . 67 , 795"		
Owner Name Champion Hones	Latitude: 34.38.4679. Longitude: 70.67.795. Method of Lat/Long (circle one): Conventional Survey, 47		
Mailing Address: 613 Christian College rd.	Method of Lat/Long (circle one): Conventional Survey,		
Walling Address 2 13 CVIII Street Ce He ge 7 et.	USGS quad, Hand-held GPS, Survey-grade GPS		
Senotobia AM 25/1/8	NE 1/2 SE 1/2 Sec 15 Twn Ss Rng 900		
Senotabia Ms. 38668 City State Zip Code	Distance Direction Nearest Town		
Telephone No. (663) 536 5700	314 Miles NE of Strayborn		
Telephone No. (2007) 332 3 7 0 C			
Well / Bore	ehole Data		
Date drilling started: 7-38-06 Date drilling completed: 7-38-0	Hole depth: 330' Hole diameter: 63/4"		
Location of the source of any surface water used for drilling:	-		
Location of the source of any surface water used for drilling:	lopment:		
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/Geol	ogical 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: 85 feet above of below (circle one) land surface Date measured: 7-36-06			
Method of Measurement (circle one) steel tape electric tape air line other: Steines loweight			
Well depth: 330 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 310 feet Casing diameter: inches Type of casing: _\rho \cdot C			
Screen length: ————————————————————————————————————			
Screen slot size: OtO inches Setting depth: From 310 feet to 330 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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The ske	tch belon	only	required	for	water	wells

If well telescopes, show depths on sketch.

Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
gley dort.	Ground Level	30
greet	30	45
Brue clay	45	190
white said	190	930
1		

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.
Moure Now so No.
well.
Landowner Name: Champion Hones

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.	••		GEOGIVET
Janes w. Mason 0-620	8-33-06	Jour w. Mar	A hour has been to be borned in
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	SEP 0 : 2006
			The second

BYOLVA

STATE WELL REPORT

Part 2 Tate County: _ Pump Installer's Completion Report

For Office Use Only:	
Aquifer:	
Well #: <u>E-47</u>	
Elevation:	

	Mississippi Department of Environmental Quality Office of Land and Water Resources		
1			
	Box 10631 MS 39289-0631 Well #: \(\begin{array}{cccccccccccccccccccccccccccccccccccc		
1 · · · · · · · · · · · · · · · · · · ·)961-5210 54 6028 (fpx) Elevation:		
Copy information from block on Part 1 (601)3:	54-6938 (fax)		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Chempion Homes	Latitude: 34.38.679 Longitude: 90.07.795 Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: 643 Christian College (d)			
	USGS quad, Hand-held GPS, Survey-grade GPS		
Semetables Ms 38668 City State Zip Code	NE 4 SE 4 Sec 15 T 55 R 900		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (662) 536-5700	214 Miles NE of Stroyharn.		
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: 7-38-06	Setting Depth: 10C feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
	Mathed of Magnisha Water I god		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 17 - 28 - 06			
Static Water Level (A): 85 Feet Below Land Surface	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:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): hours	NA feet after 34 hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			

Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B