	State W	ell Report			
County: Tote	Part 1 – Driller's Log		For Office Use Only:		
County: 13 1	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: H-143		
Driller: Jones W. Mason	P.O. Box 10631		well#:		
	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 2-12-06	(601)961-5210		E-log #:		
<u> </u>	[(001)334	4-6938 (fax)	E-log #:		
State Law requires that this report Department at the above address					
Information on Well (Well or Bo	rehole Location		
(Landowner if borehole is not for a water well)		34.37.481	" 1 -main 1 - 89 . 46 ,973"		
Owner Name Souther Hou	10î~0 -	Latitude: 37 37 200	Longitude: 5 7 7 8 7 5		
	Method of Lat/Long (ci		" Longitude: 89.46.473" ne): Conventional Survey,		
Mailing Address:	, , (USGS quad, Hand-held	GPS) Survey-grade GPS		
74 Old Hw	•		Twn SS Rng Gu		
Semelabia N	Secolobia Ms. 38668 City State Zip Code Distance Direction		_ Twn Rng		
City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. (<u>662</u>) 838-377	3	Miles W	of Barr		
	Well / Bore	hole Data			
Date drilling started:)-13-C6 Date dr	illing completed: \(\simeq -12-0\)	Hole depth: 190'	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 Name of organization running log(s):	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 Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump		
Seismic	SurveyOther (describe)			
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): HomeI	ndustrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 130 feet above of below (circle one) land surface Date measured: 7-13-06					
Method of Measurement (circle one) steel tape electric tape air line other: 5tring (weight					
Well depth: 196 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 120 feet Casing diameter:inches Type of casing:					
Screen length: 10 feet Screen diameter: inches Type of screen:					
Screen slot size: OlO inches Setting depth: From 180 feet to 190 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
	Other (describe):	M			

Top of lap pipe or reduction in casing:

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

Form: OLWR-SWR-1A

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The sketch	below o	onlv rea	uired 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)
clay dirt	Ground Level	20
(cd Soud	30	45
white soul	45	190
while clay	120	160
while sound	160	190
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	<u></u>	

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 to aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and 4) a north arrow.	nat may the well;
S cell.	
Landowner Name: Southern Housing	Ł

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. Jones as Muson 0-620 8-10-06

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

Part 2 County: Tate

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 #:	H-	143

Permit #: Date completed: 7-12-06 (601)354-6938 (fax) 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 Location **Well Owner Information** Latitude: 34.37.481_ Longitude: 89.46.973 Mailing Address: USGS quad_____, Hand-held GPS -, Survey-grade GPS NW 1/ PE 1/ Sec 25 T 55 R 6W Distance Direction Nearest Town Telephone No. (664838 - 3773 **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Electric Motor Turbine Tractor PTO Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 7-17-06 160 Setting Depth: feet Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 7-12-06 Electric Measuring Line Air Line Steel Tape Static Water Level (A): 120 Feet Below Land Surface Other (specify): Sting | weight Pumping Water Level (B): Feet Below Land Surface 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): feet after 24 hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) pers u. No Signature of Pump Installer Form: OLWR-SWR-1B RECEIV

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