State W	ell Report		
Adams P	urt 1	or Office Use Only:	
County: Mississippi Department of Environmental Quality Permit #: Office of Land and Water Resources			
P.O.B	ox 10631	vation:	
Date drilling completed: $1/4$ 80(0 (601))	061-5210		
(001)554-0958 (1ax)			
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.			
Well Owner Information	hation Wen Location		
Owner Name Todd Sha flett			
Mailing Address:	Method of Lat/Long (circle one): Conv		
8406 Brittany Rd	USGS quad, Hand-held GPS, Su	-	
Sorrento La 70778 IR14 Sec 4		6N Rng XW	
City State Zip Code Distance Direction Felephone No. (<u>985) 513-0054</u>		rest Town Athez	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: HID Date well drilling completed: HID			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: <u>210'</u> Well depth: <u>210'</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>190</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>1010</u> inches Setting depth: From <u>190</u> feet to <u>210</u> 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 back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
10-6	0 7-	×	
Print Name of Water Well Contractor and License No.	Signature of Water	Well Contractor	
		RECEIVED	
		JAN 1 4 2010	
•		BY: OLWR	

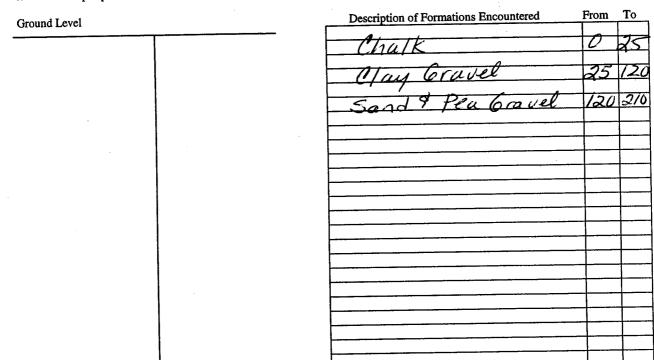
· STATE WELL REPORT		
County:HdamsPermit #:Pump Installer's Mississippi Department Office of Land at P.O. B Jackson, M (601)254Date completed:1-4-20/0	Art 2 Completion Report t of Environmental Quality nd Water Resources iox 10631 IS 39289-0631 961-5210 4-6938 (fax)	
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location		
Well Owner Information Owner Name: <u>Todd Shaffet</u> Mailing Address: <u>8406 Brittany Rd</u> <u>Sorrento, La 70778</u> City State Zip Code Telephone No. <u>985, 513-8054</u>	Latitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 4 4 Sec44 Twn6N Rng2W Distance Direction Nearest Town 8Miles 0 N/Z	
	Power Type	
Pump Type Circle one	Circle one	
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):	
Date Pump Installed: $1 - 4 - 2010$ Rated Pump Capacity: 10 Gallons Per Minute	Setting Depth:feet Number of Stages:4	
Pump Test Data Date Well Tested: $1 - 4 - 10$ Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute Duration of Pump Test (minimum 4 hours):	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Cary Raybom 0-60</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		
	RECEIVED	

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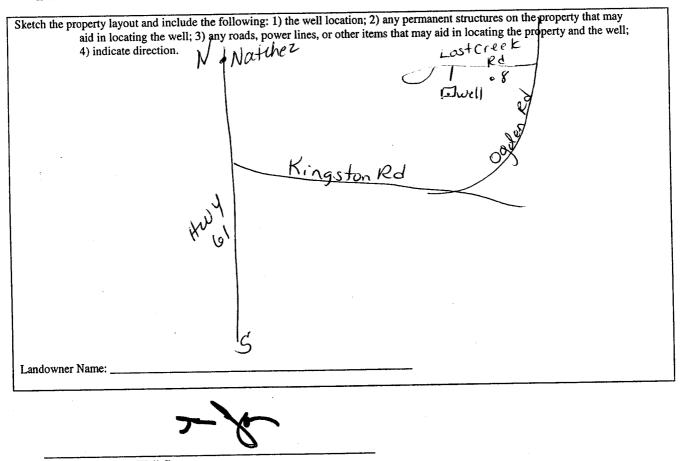
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BY: OLWP

If well telescopes please sketch below and show depths.



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



Signature of Water Well Contractor

RECEIVED JAN 14 2010 BY: OLWR