State W	'ell Report			
Λ 1.	For Office Use Only:			
Mississippi Department	t of Environmental Quality Aquifer:			
Permit #: Office of Land a	nd Water Resources Well #:			
Driller: Steel Book	OX 10031			
(111, -0, 1)	S 39289-0631 L. S. Elevation:			
	4-6938 (fax) E-log #:			
Contact Years are almost all the contact to the con				
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	inse holder responsible for the work and filed with the lation of drilling of the well or bonders.			
Information on Well Owner	Well or Borchole Location			
(Landowner if borehole is not for a water well)	Latitude: 30° 14'.343" Longitude: 90°34'.335"			
Owner Name Robert Unkterson	32 H			
Mailing Address: uper Gladding Rd	3년 ^ル Method of Lat/Long (circle one): Conventional Survey, ³⁴			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Sm-thouse ons	SE 4 NW 4 Sec 11 Twn 3N Rng 6E			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Miles of			
Well / Borel				
Date drilling started: 5-38-09. Date drilling completed: 5-38-0	Hole depth: 102 Hole diameter: 8			
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and develo	optinent;			
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 WellGeotechnical/Geolo	giral Investigation Grand Source U. A. D.			
Seismic Survey_Other (describe) If drilling is not related to mater, well construction				
Purpose of Well (check one): HomeIndustrialPublic Supply	Irrigation_Fish Culture_Other: Youltry House			
_	her (describe)			
Static Water Level: 45 feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other.				
Well depth: 102 Well grouted to a depth of 10 feet Type of	of grout (circle one) Neat Cement Bentonite Mix			
Casing length: 82 feet Casing diameter: 4"	inches Type of casing: Puc			
Screen length: 20 feet Screen diameter: 411	inches Type of screen:			
Screen slot size: 1010 inches Setting depth: From	82 feet to 102 feet			
Type of completion (circle all applicable): Gravel packed Underre	earned Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If sale	record or more than one ocross, describe on next page			

Form: OLWR-SWR-1A

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Description of formations encountered must be received for all with each handride, unless manufactor measure to receive the

	Description of Formations Encountered		To (depth)
1		Ground Level	
	Clay.	10	29
	Sand	10	40
	S/auel:	40	60
	Sond.	60	80
	(with Sand	80	100
		 	
If more than one screen, show location of each on sketch		,	- *************************************
tetch the property layout and include the following: 1) the we	Il location; 2) any permanent structures on the	neonerty that man	
aid in locating the well; 3) any roads, power lines,	Of Order name that some and in locating the Dio	perty and the well:	;
T) a INRILL ALLOW.	10/1/ 6 Mills 1		
	poll = poultry Ho		•
upperGlady Rd.			
•			
•			
adowner Name: Rubert Deterson		Form: OLWR-	SWR-1A
ndowner Name: Rubert Dickerson. tify that the well/borehole was drilled, constructed, and co	empleted in accordance with all applicable r	Form: OLWR-cogularessents of the	
ndowner Name: Rubert Dickerson. Tily that the well/borchoic was drilled, constructed, and constructed and the Minister Department of Environmental Quality and the Minister Department of Envi	missippi Department of Health regulations,	nautromante of th	
ndowner Name: Robert Dekerson. Tify that the well/borchole was drilled, constructed, and consistent of Environmental Quality and the Minimal Fultyald 099. 5-28	missippi Department of Health regulations,	nautromante of th	
ndowner Name: Rubert Dekerson. tify that the well/borehole was drilled, constructed, and constructed and the Minimal Futual Open 5-28	missippi Department of Health regulations,	oguirements of th If applicable, and	

* 1 2 2 1 1

The sketch below only required for water wells

STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Driller Esternald Well Sovice Office of Land and Water Resources P.O. Box 10631 KIIO Jackson, MS 39289-0631 Well#: (601)961-5210 Elevation Conv information from block on Part I (601)354-6938 (fax) 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 selbons wi in 30 days of well completion. Well Location 14 343" Longitude: 90 Kobert Dickerson Mailing Address: Wope Gadding Method of Lat/Long (check one): Conventional Survey USGS quad____, Hand-held GPS___, Survey-grade GPS___ SEKNWK Sec 11 T 3NR 6E Zip Code Distance Direction Nearest Town Telephone No. (____) of Pump Type Power Type Circle one Circle one Air Lift Jet Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motol Hand Tractor PTO Centrifugal Rotary Flowing Well Other (specify): _ Horse Power Rating of Motor: 2 Other (specify): Date Pump Installed: 5-28-09. Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head:

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

| Bull Hareby Certify that the above statements are true to the best of my knowledge.
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Well yielded

Gallons Per Minute

Test Pumping Rate:

Duration of Pump Test (minimum 4 hours):

Form: OLWR-PAECEIVED

____GPM with a drawdown of

fact after hours of pumping

JUN 0 9 2009

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