.,	11 10,010	= 94			
	State Well I	Report /	For Office Use Only:		
County: BOLIVAR	Part 1				
Permit #: 610 412 43	Mississippi Department of E	nvironmental Quality	Aquifer:		
•	Office of Land and Water Resources P.O. Box 10631		Well #: _ C - 157		
Driller: JOHN HOWCOME 0-773	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 5-20-06	(601)961-5210 (601)354-6938 (fax)		E-log #:		
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the drille	er in detail and filed v	vith the Department within		
Well Owner Inform	ation		l Location		
Owner Name BAY FARMS	Lati	tude:33 · 55 · 86	" Longitude 90° 54. 21"		
Mailing Address: 521 Robin	SON DR. Mel		ne): Conventional Survey,		
		USGS quad, Hand-hel	d GPS Survey-grade GPS		
PICIFIAN	MC 38720 5	I'm NEW son 15	Twn 24N Rng TW		
City S	ate Zip Code				
Telephone No. 662 843	1274 Dis	2 Miles W	Nearest Town of GUNNISOA		
	Well Data				
Purpose of Well (circle one) Home Ir	dustrial Public Supply Irri	gation Fish Culture	Other:		
Date well drilling started: 5-20 -	Date well of	drilling completed: 5-	20-06		
If flowing, method of flow regulation: V	alve Other (descri	be)			
Static Water Level: 23 feet	below circle one) land	surface Date measured	5-20-06		
Method of Measurement (circle one)	steel tape electric tape	air line other:			
Hole depth:O Well o	depth: 105	Vell grouted to a depth of	e 10 feet		
Type of grout (circle one): Cement					
Casing length: 75 feet Casing diameter: 10 inches Type of casing: PUC					
Screen length: 30 feet Se	creen diameter: 10 in	iches Type of screen:	Puc		
Screen slot size: 650 inche	s Setting depth: From	15feet to	105 feet		
Type of completion (circle all applicable	e): Gravel packed Underream	ned Telescoped Op	en hole Natural Development		
	Other (describe):				
Top of lap pipe or reduction in casing:	*				
Logs run (circle all applicable): No log	nya Electric Gamma Ray D	ensity Sonic Neutron	Other:		
Name of organization running log(s): I certify that the well was drilled, con			3		
		•			
Department of Environmental Qualit	y and/or the Mississippi Depart		ons and state laws.		
1		I = I			

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

JUL 3 1 2006

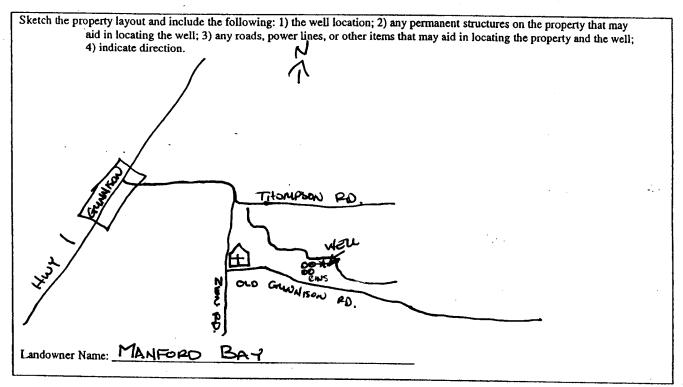
BY: OLWR

If well telescopes please sketch below and show depths.

101° CAS ing
_ 75 ⁻
_ 105

Description of Formations Encountered	From	То
10> Soil	0	10
	10	28
MIXCLAY		
med. Sand	28	25
CoArse Sand	×	125
Fine Sand -	105	108
	101	

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



Col Vena e Signature of Water Well Contractor

STATE WELL REPORT For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources EWCompe 0-773 12ckson, MS 39289-0631 Well #: (601)961-5210 Elevation: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location 55-46 Longitud 090-54-25 Owner Name: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS Distance Direction Nearest Town **Pump Type** Power Type Circle one 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): _ Horse Power Rating of Motor: <u>SO</u> Other (specify): Date Pump Installed: 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): Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: __ Test Pumping Rate Well yielded _____GPM with a drawdown of Gallons Per Minute

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)

Signature of Pump Installer

_feet after____

Duration of Pump Test (minimum 4 hours): _

RECEIVED

____hours of pumping

JUL 3 1 2006

BY: OLWR

() and () and San) 38 15 FF MW MIN YT

A CONTRACTOR OF THE STATE OF TH

Charlest Mrs. Cal Not 1 - 21 1 - 21 15

Congression from the second of the second of