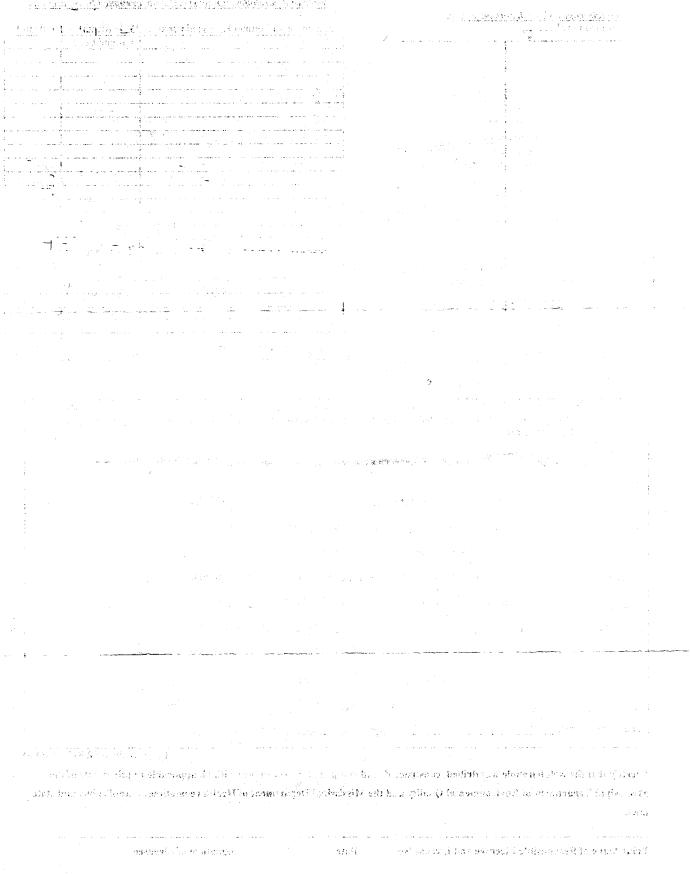
	State W	ell Report						
00.0	State Well Report Part 1 – Driller's Log		For Office Use Only:					
County:	Mississippi Departmen	t of Environmental Quality	Aquifer: J 58					
Permit #:		nd Water Resources Box 2309	Well #:					
Driller: Clardy Drull	Jackson	, MS 39225	L. S. Elevation:					
Date drilling completed: 12/11/09		961- 5210 1- 5228 (fax)						
			E-log #:					
State Law requires that this repor Department at the above address	t be prepared by the lice	ense holder responsible for a letion of drilling of the well	the work and filed with the for borehole.					
Information on Well C		Well or Be	orehole Location					
(Landowner if borehole is not fo	or a water well)		D Longitude: 08 3D' 47					
Owner Name Marty Ru	Spatrick							
-	1	Method of Lat/Long (circle or	cle one): Conventional Survey,					
Mailing Address: 180 98	They age w		eld GPS, Survey-grade GPS					
~		NW/ NW Sec 6	Twn 1.75 ring 8E					
Matrioton	ons 39752							
City C Sta	le' Zip Code	Distance Direction	of YIL Point					
Telephone No. (66) 769 -	800							
	Well / Bore	hole Data	14					
Date drilling started: 121709 Date drilling completed: 121709 Hole depth: 142 Hole diameter: 4^{n}								
I agotion of the course of any surface water	rused for drilling							
Method of dosing and volume of Chlorine used in drilling and development: <u>alat</u> grancular								
Logs run (circle all applicable) No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:					
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Groun	d Source Heat Pump					
Seismic If drilling is not related	SurveyOther (<i>describe</i> to water well construction	e)	lock					
Purpose of Well (check one): Home	ndustrial Public Supply	IrrigationFish Culture	Other:					
If a flowing well, method of flow regulation	If a flowing well, method of flow regulation: Valve Other (describe)							
Static Water Level:feet above or below (circle one) land surface Date measured:								
Method of Measurement (circle one) steel tape electric tape air line other:								
Well depth: 142 Well grouted to a de	epth of <u>20</u> feet Type	e of grout (circle one): Neat Cer	ment Bentonite Mix					
Casing length: <u><u>1</u><u>+</u> feet Casin</u>	ng diameter:	inches Type of casing: _	PVC					
Screen length:feetScree	en diameter:	inches Type of screen:	PVC					
Screen slot size: 013 inches	Setting depth: From _	102 feet to	142 feet					
Type of completion (circle all applicable):	Gravel packed Under	Telescoped Open	n hole Natural Development					
이 이 가슴 집에 가슴 가슴 감사	Other (describe):							
Top of lap pipe or reduction in casing:	5 feet. If te	elescoped or more than one scr	een, describe on next page					
	· · · · · · · · · · · · · · · · · · ·	and the second sec	Form: OLWR-SWR-1A (04/08					

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JAN 1 9 2010 BY: OLWR

i en 1975 - Andrea Alexandre Marian de Arrildade e Brigger e Berle. Ar e charger al frankriger de Biller te trevente Arbeide de Biller est.



The sketch below only required for water wells

Description of formations encountered must be provided for all

The skeich below only required for water weas	wells and boreholes, unless specifically exempted by regulations			
If well telescones, show donths on skatch	wens and borenoies, unless specificany	Exempted by regulations		
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	From (depth) To (depth)		
	Brown Dandy Clay	Ground Level		
	Sand & gravely U	6 3		
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	Reprinted	55 15		
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		86 93		
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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. House River Daks Dr Well × 1.012

Landowner Name:

Form: OLWR-SWR-1A (04/08)

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. (Jard 1 onald Print Name of Responsible Licensee and License No.

Signature of Licensee

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A CARACTER STATE

STATE WELL REPORT						
County: Permit #: Driller: Date completed: Copy information from block on Part 1 This part of the report must be completed by report must be attached and both parts filed Well Owner Information Owner Name: Mailing Address:	Pump Installer's Mississippi Departmen Office of Land a P.O. 1 Jackson (601) (601)96 by a licensed water well of d with the Department a on	t the above address within 30 dd Well Latitude: 33° 38, D][Method of Lat/Long (check on				
Telephone No. (663, 769 - 180	Zip Code	¼¼ Sec	TR Nearest Town			
Pump Type Circle one Air Lift Jet	Submersible	Ci	wer Type rcle one we Engine Natural Gas			
	Turbine	Electric Motor Hand	Tractor PTO			
Other (specify): Date Pump Installed: 12112 09	Flowing Well	Windmill Other (Horse Power Rating of Motor: Setting Depth: Number of Stages:	feet			
		Malabert				
Pump Test Data Date Well Tested: 12009 Static Water Level (A): $17000000000000000000000000000000000000$	Below Land Surface	Ci Air Line Electric Mea: Other (specify):	ut in head:feet			
Duration of Pump Test (minimum 4 hours):		feet after	hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Onald Clardy O-496 Demail B They Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B (04/08)						

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