	Part 1					
Mississippi Department	of Environmental Quality	Aquifer:				
Permit #: Office of Land as	nd Water Resources	Well #: 018				
	ox 10631	1 /				
	S 39289-0631	L. S. Blevation:				
	961-5210 1 (028 (fore)	E-log#:				
(601)354	1-6938 (fax)	E-108 II.				
State Law requires that this report be prepared by the	duilles in detail and filed w	ith the Department within				
State Law requires that this report be prepared by the	at their up account are reserve					
30 days of completion of drilling of the well. Well Owner Information	Well	Location				
Owner Name Will Dr. //	Latitude: 31 • 47 • 43" Longitude 90 • 30 • 13 "					
Mailing Address: 416 Travis St ste 1200	Method of Lat/Long (circle or	ne): Conventional Survey,				
Shreveport LA 71011	= * * • •	GPS, Survey-grade GPS				
/	90 4 NE 4 Sec 33					
City State Zip Code	Distance Direction 7 Miles 5 20	Nearest Town of Haze hurst				
Telephone No. ()						
Well I	Data					
Purpose of Well (circle one) Home Industrial Public Supply						
Date well drilling started: 4-28-10 Date w	 * 	1-61-10				
If flowing, method of flow regulation: Valve Other (d	escribe)	11 26 18				
Static Water Level: 67 feet above of below (kircle one) l	and surface Date measured:	<u>4-29-10</u>				
Method of Measurement (circle one) steel tape (electric tape	air line other:					
Hole depth: 323 Well depth: 320	Well grouted to a depth of _	15 feet				
Type of grout (circle one): Cement Bentonite Mix	Type of grout (circle one): Cement Bentonite Mix					
Casing length: 280 feet Casing diameter: 4 inches Type of casing: 1/C						
Screen length: 40 feet Screen diameter:	Screen length: 40 feet Screen diameter: 4 inches Type of screen: NC Slotted					
Screen slot size:						
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): I certify that the well was drilled, constructed, and completed in	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.						
John W Thompson 0-679	I had	J Thompson				
Print Name of Water Well Contractor and License No.	Signature o	f Water Weil Contractor				
THE PART OF WHICH WELL CONTRACTOR AND LACESSEE ITO.						

State Well Report
Part 1

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	sand	220	320
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more than one screen, show location of each on sketch			
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h the property layout and include the following: 1) the well loc	ution; 2) any permanent and descring the property and the	e well:	./
the property layout and include the following: 1) the well loc aid in locating the well; 3) any roads, power lines, or o	ther items that may aid to locating the Piopers, min	Ä	N
4) indicate direction.		//\/	•
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STATE WELL REPORT

Permit #:		Pa	rt 2	For Office Use Only:	
Office of Land and Water-tessources P.O. Box 10531 Jackson, MS 39289-031 (601)354-6938 (fine) State may black an 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 hath parts filed with the Department at the above address within 30 days of well completion. Well Orner Part 1 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 hath parts filed with the Department at the above address within 30 days of well completion. Well Orner Part 1 of the Report must be attached and hath parts filed with the Department at the above address within 30 days of well completion. Well Orner Part 1 of the Elevation: Well Orner Part 1 of the Report must be attached and hath parts filed with the Department at the above address within 30 days of well completion. Well Orner Specific Parts 1 of the Parts I	County: Copiah	Totallanda Commission Report		Amison	
Date completed: \$\frac{1.0n}{1.0n}\$ Date completed by a Biceassed water well constructor or a liceassed pump installer. \$A copy of Part 1 of the report water be enterched and both parts filed with the Department at the above address within 30 days of well completion. This part of the report numes be completed by a Biceassed water well constructor or a liceassed pump installer. \$A copy of Part 1 of the report water be enterched and both parts filed with the Department at the above address within 30 days of well completion. Well Decation Well Decation Well Decation Well Decation Well Decation Method of Lat/Long (check one): Conventional Survey grade GPS Substance: Direction Nearest Town This part of the report water be enterched and both parts filed with the Department at the above address within 30 days of well completion. Well Decation Well Decation Method of Lat/Long (check one): Conventional Survey grade GPS Substance: Direction Nearest Town This part of the report water be enterched and Direction Nearest Town This part of the report water be enterched and Direction Nearest Town This part of the report value of the Substance Direction Nearest Town This part of the report value of the Substance Direction Nearest Town This part of the report value of the Substance Direction Nearest Town This part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the Substance The part of the report value of the subs	Permit#:	Mississippi Department	of Environmental Quarty	Addica:	
Date completed: \$\frac{1}{29-10}\$ (601)361-3210 (601)364-6938 (face) Conv information from block on Part 1	Driller John W Thompson	P.O. B	ox 10631	Well#: () 18	
Conventional from block on Part I This part of the report must be completed by a licensed with the Department at the above address within 30 days of well completion. Well Owner tensor must be obtoched and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Convert tensor must be obtoched and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Location Well Location Well Location Method of Laf/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade GPS Survey-grade GPS	4-29-10	Jackson, M	S 39289-0631 61-5210	1	
This part of the report must be completed by a licensed water well constructor or a licensed pump statute. A report must be attacked and both purp filed with the Department at the above address within 30 days of well completion. Well Uncertion Well Uncertion Well Uncertion Owner Name: Will Dr. Dr. Well Location Dr. Dr. Dr. Well Completion. Well Uncertion Method of Lat/Long (check one): Conventional Survey June 19 10 10 10 10 10 10 10 10 10 10 10 10 10		(601)354	-6938 (fax)	Elevation:	
Well Location Well Location Well Cover Information Owner Name: Well Cover Information Shreyegof LA 7/0/ City State Zip Code Telephone No. ()	Copy information from block on Part 1				
Owner Name: Well Owner Internations Division Name: Well Original Survey of the Survey of Survey of the Survey of the Survey of Survey of the Survey of Survey of the Survey of the Survey of Survey o	This part of the report must be completed	l by a licensed water west c led with the Denartment at	the above address within 30 d	lays of well completion.	
Latitude: 3 47 45 Longitude: 90 30 13 Method of Lat/Long (check one): Conventional Survey	report must be attached and note parts for Well Owner Informa	tion			
Mailing Address: 46 7 20 5 5 5 6 6 20 4 7 10 1	a way will Drill	Latitude: 31°47' 43"N Longitu			
City State Zip Code	Mailing Address 416 Travis, ST	ste 1200			
Telephone No. () Telephone No. () Pump Type Circle one Air Lift Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Rated Pump Capacity: Date Pump Test Data Date Well Tested: Static Water Level (A): Pumping Water Level (A): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Diesel Engine Casoline Engine Casoline Engine Natural Gas Flowing Well Windmill Other (specify): Setting Depth: Setting Depth: Number of Stages: Method of Measuring Water Level Circle one Air Line Circle one Air Line Other (specify): Feet Below Land Surface Pumping Rate: Gallons Per Minute Well yielded GPM with a drawidown of Hours of numping Feet Hours of numping	Shreveport L	<u> 4 71011</u>	USGS quad Hand-hek	GPS, Survey-grade GPS	
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1 tours of rumping	Test Pumping Rate: 100	Gallons Per Minute	Well yielded		
		hours	feet after	er hours of pumping	
		to the section to the back	t of my knowledge.	2/	
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.	I HEREBY CERTIFY that the above st	atements are true to the bes		Thompson	

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MAY 83 2010

BY: OLIVE

Form: OLWR-SWR-1B