	State W	ell Report			
County: Desato		riller's Log	For Office Use Only:		
		of Environmental Quality	Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: C-32		
Driller: Jones W. Mason	P.O. Box 10631				
Date drilling completed: 1-23-07	Jackson, MS 39289-0631		L. S. Elevation:		
	(601)961-5210 (601)354-6938 (fax)		E-log #:		
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.					
Information on Well C	wner		Borehole Location		
(Landowner if borehole is not fo	r a water well)	34.60.77	89.54 (85		
Owner Name Air and Heat S	recuires	Latitude: <u>57 ° 58</u> , 78	3" Longitude: 89 . 54 . 45. 3 41		
		Method of Lat/Long (circle	one): Conventional Survey,		
Mailing Address: 4460 Mary			ld GPS, Survey-grade GPS		
	201 01	NE 1/2 NW 1/2 Sec 2	5 Twn 15 Rng 7w		
Olive Bronch N City Stat	e Zip Code	Distance Direction	Nearest Town		
•		Distance Direction <u> Direction</u> <u> Direction</u> <u> Direction</u>	of plum point		
Telephone No. (462) 838 - 808	<u> </u>		1		
	Well / Boreh	ole Data			
Date drilling started: 1-18-0 Date dri	lling completed 1-23-0	D Itala danshi 236'	Uala diamatan 5"		
		Hole depth: 000	Hole diameter:		
Location of the source of any surface water used for drilling:					
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump					
	Survey Other (<i>describe</i>)				
		, skip the remainder of this l			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Grand Surve Heat And					
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: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length:feet Casing diameter:inches Type of casing:					
Screen length:feet Screen diameter:inches Type of screen:					
Screen slot size:inches	Setting depth: From	feet to	feet		
Type of completion (circle all applicable):	Gravel packed Underro	eamed Telescoped Ope	en hole Natural Development		
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page					
	<u> </u>		FECEIVED		
			REVENCE		

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FEB 2 7 2007 BY: OLWF

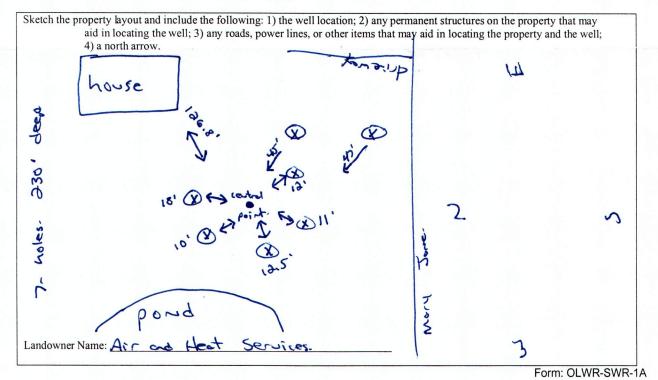
6-32

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground LevelDescription of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Го (depth)
clay dirt.	Ground Level	30
gravel	30	65
Blue clay	65	160
white soud	160	180
white clay	(80	200
white Soud	200	230
		-

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



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 RECEIVED laws.

Jones W. Masan. 0-620 2-16-07

Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

BY: OLWR

STATE WELL REPORT				
Permit #: Pump Installer Driller: Jong With Staller Date completed: 1-33-07	art 2 a Completion Report it of Environmental Quality ind Water Resources Box 10631 1S 39289-0631 961-5210 4-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the			
City State Zip Code Telephone No. (662) 838-8088	Distance Direction Nearest Town <u>Distance SE</u> of plumpaint			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well Other (specify): Nove Geothermal Date Pump Installed:	Windmill Other (specify): NONC. Horse Power Rating of Motor:			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) – (A)]:	For flowing well, measured shat in head:feet			
Test Pumping Rate:Gallons Per Minute	For flowing well, measured sharin head:feet Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jones w. Moren 0-620	FEB 2 ? 2007			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer			

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