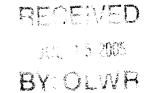
|  | State We                  | ell Report                                 |                                     |  |  |
|--|---------------------------|--|-------------------------------------|--|--|
| County: Oesoto   | Part 1 - <b>D</b> i       | For Office Use Only:                       |                                     |  |  |
| Mi   | ssissippi Department      | Aquifer:                                   |                                     |  |  |
| Permit #:  |                           | d Water Resources                          | <u> </u>                            |  |  |
| Driller: Jones 5 Mosos   |                           | ox 10631                                   | Well #:                             |  |  |
|  | Jackson, MS               | 39289-0631                                 | L. S. Elevation:                    |  |  |
| Date drilling completed: 6-14-65   | (601)90                   | 61-5210                                    |                                     |  |  |
|  | (601)354-                 | 6938 (fax)                                 | E-log #:                            |  |  |
| State Law requires that this report be<br>Department at the above address wit  | hin 30 days of comple     | etion of drilling of the well              | or borehole.                        |  |  |
| Information on Well Own  |                           |  | orehole Location                    |  |  |
| (Landowner if borehole is not for a  | water well)               | 7 avimus 34 . 56 15                        | ₹ Longitude:89 •46, <del>987,</del> |  |  |
| Owner Name Tom Ueile   |                           | Lantude: 57 55                             | Longitudes 1 - 16                   |  |  |
| Mailing Address: LOT 3 Chappel Cove.   |                           | Method of Lat/Long (circle or              | ne): Conventional Survey,           |  |  |
| ividining Additions.   | ''                        | USGS quad, Hand-held GPS, Survey-grade GPS |                                     |  |  |
| Orive Row Me   | 38654                     | NW 1/5 E 1/4 Sec_1                         | Twn 35 Rng 6w                       |  |  |
| Orive Brown Ms City State  | Zip Code                  | Distance Direction                         | Nearest Town                        |  |  |
|  |                           | 3/4_Miles_NE                               | Nearest Town of fair haven          |  |  |
| Telephone No. (662) 895 - 8495   |                           |  |                                     |  |  |
|  | W/ 11 / D                 |  |                                     |  |  |
|  | Well / Boreh              |  |                                     |  |  |
| Date drilling started: 6-14-05 Date drilling   | g completed: 6-14         | Hole depth: 334'                           | Hole diameter: 8"                   |  |  |
| Location of the source of any surface water us   | ed for drilling:          | <b>∮</b> A                                 |                                     |  |  |
| Location of the source of any surface water us<br>Method of dosing and volume of Chlorine use                                      | ed in drilling and develo | pment: ~/4                                 |                                     |  |  |
| Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s): |                           |  |                                     |  |  |
| Purpose of borehole (check one): Water Well_   | Geotechnical/Geolog       | gical Investigation Ground                 | l Source Heat Pump                  |  |  |
| Seismic Survey Other (describe)  |                           |  |                                     |  |  |
| If drilling is not related to y  | vater well construction   | skip the remainder of this bl              | ock                                 |  |  |
|  |                           |  |                                     |  |  |
| Purpose of Well (check one): Home 🖊 Industrial Public Supply Irrigation Fish Culture Other:  |                           |  |                                     |  |  |
| If a flowing well, method of flow regulation: Valve PA Other (describe)  |                           |  |                                     |  |  |
| Static Water Level:feet above on below circle one) land surface Date measured:   |                           |  |                                     |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other: 5400 weight  |                           |  |                                     |  |  |
| Well depth: 394 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix                           |                           |  |                                     |  |  |
| Casing length: 304 feet Casing diameter: 4 inches Type of casing: 500  |                           |  |                                     |  |  |
| Screen length: 30 feet Screen diameter: 4 inches Type of screen: 50 C  |                           |  |                                     |  |  |
| Screen slot size: , 010 inches Setting depth: From 304 feet to 334 feet  |                           |  |                                     |  |  |
| Type of completion (circle all applicable):  | ravel packed Underr       | eamed Telescoped Oper                      | hole Natural Development            |  |  |

Other (describe):

Top of lap pipe or reduction in casing:

pA. feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A



BY. OLWR

| The sketch | helow | onlv | reauired | for | water wells |
|------------|-------|------|----------|-----|-------------|
|            |       |      |          |     |             |

## If well telescopes, show depths on sketch.

Ground Level\_\_\_\_

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth)   | To (depth) |
|---------------------------------------|----------------|------------|
| Clay dist.                            | Ground Level   | 20         |
| grovel                                | <del>3</del> 0 | 45         |
| white clay                            | 45             | \$0        |
| grovel                                | 50             | 70         |
| Blue clay                             | 70             | 130        |
| white soud                            | 130            | 234.       |
|                                       |                | 1          |
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|                                       | L .            |            |

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

| Sketch the property layout and include the following: 1 aid in locating the well; 3) any roads, pow 4) a north arrow. | ) the well location; 2) any permanent struver lines, or other items that may aid in lo | cating the pro | property that may perty and the well; | 2    |
|---|--|----------------|---------------------------------------|------|
| Landowner Name: Ton Ueihe.  |  | المعن 🛇        | Form: OI WR-SW                        | (P.1 |

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.            |                  |                    | 7-13-05            |                       |  |
|------------------|------------------|--------------------|--------------------|-----------------------|--|
| Jones u          | s.Mosu           | 0-630              | 0= <del>50</del> 0 | gens w. Mar_          | despet during the forms in I have deep |
| Print Name of Re | sponsible Licens | ee and License No. | Date               | Signature of Licensee | PEGRIVE                                |
|                  |                  |                    |                    |                       | JUL 15 2005                            |

## STATE WELL REPORT Part 2 County: Deseto For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Jones W. Moser P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 7-6-05 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on 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 both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Veihe Latitude: 34.56, 26) Longitude: 89.46 987 Owner Name: Tom Mailing Address: LOT 2 Method of Lat/Long (check one): Conventional Survey Chappel cove USGS quad , Hand-held GPS , Survey-grade GPS NW 4SE 4 Sec I T DS R 6W Distance Direction 314 Miles NE of fairhour Telephone No. (66) ) 895 - 8495 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Bucket Piston Turbine Hand Tractor PTO Other (specify): Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: Other (specify): Date Pump Installed: \_\_\_7-6-05 Setting Depth: 160 feet Number of Stages: 15 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: > -6-05 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 134 Feet Below Land Surface Other (specify): String/weight Pumping Water Level (B): A Feet Below Land Surface Drawdown [(B) - (A)]: PA Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Well yielded GPM with a drawdown of Test Pumping Rate: 22 Gallons Per Minute feet after $\partial \Psi$ hours of pumping Duration of Pump Test (minimum 4 hours): 24

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

The same of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form OLWE SWE 18

Form: OLWR-SWR-1B

314 13 2315