County: $AE50TU$ Permit #: Driller: $BOB 5m 174$ Date drilling completed: $4-25-06$	State Well Report Part 1 Again State Well Report Part 1 Again State Well Report Again State Well Report Part 1 Again State Well Report Part 1 Again State Well Report Again State					
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the of the well.					
Well Owner Information	SENNAND	Latitude:	I Location _" Longitude:"			
Mailing Address:	floost_	Method of Lat/Long (circle o				
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		USGS quad, Hand-held GPS, Survey-grade GPS 14 14 Sec Twn <u>T25</u> Rng <u>L-5</u> W			
City Sta Telephone No. (20/) 690-19	12 30630 tte Zip Code 0 3 5		Nearest Town of <u>MILLEN</u>			
Weil Data						
Purpose of Well (circle one) Home Inc Date well drilling started: If flowing, method of flow regulation: Va Static Water Level:freet a	5-06 Date	well drilling completed:	4-25-06			
Static Water Level:	steel tape electric tape	air line other:				
Screen length:feet Scr	Bentonite Mix ing diameter:	inches Type of casing: inches Type of screen:	110			
Screen slot size: <u>JUTUUS</u> inches Setting depth: From <u>JUD</u> feet to <u>JUD</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
v) ho or combrance (or one an all houses)		WAS1420	Son			
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log r Name of organization running log(s):	feet. If f un Electric Gamma Ray	elescoped or more than one s y Density Sonic Neutron				
I certify that the well was drilled, cons Department of Environmental Quality		partment of Health regulatio				
Print Name of Water Well Contractor an	d License No.	Signature	of Water Well Contractor			

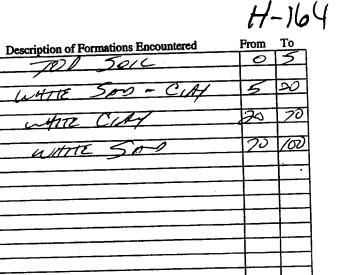
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If well telescopes please sketch below and show depths.





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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) indicate direction. CONTRA QUELL ENNAR E Landowner Name:

Signature of Water Well Contractor

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<u>A</u>		ELL REPORT Part 2	For Office Use Only:
County: 1550TO	Pump Installer	Pump Installer's Completion Report	
$\rightarrow \varphi$	Mississippi Departme	Mississippi Department of Environmental Quality	
Permit #:		Office of Land and Water Resources P.O. Box 10631	
Driller:	Jackson,	Jackson, MS 39289-0631	
Date completed: 4-25-C		(601)961-5210 (601)354-6938 (fax)	
This report should be pre		ail and filed with the Depart	ment within 30 days of the
installation of pump.	er Information		Well Location
	M BERNARY	Latitude:	Longitude:
Mailing Address:	5-16051	Method of Lat/Long (circle	e one): Conventional Survey,
		USGS quad, H	land-held GPS, Survey-grade GPS
HENRY	NO 15 38637	1414 Sec	[] Twn 725 Rng 1.34
City	State Zip Code	Distance Directio	n Nearest Town
<u> </u>	90-035		of_MILCE
Telephone No. (2016	10 1055	Miles	
 Dm	пр Туре		Power Type
	rcle one		Circle one
Air Lift Jet	Submersible	Diesel Engine Ga	soline Engine Natural G
Bucket Pisto	on Turbine	Electric Motor Ha	and Tractor Pl
Centrifugal Rota	ry Flowing Well	Windmill Of	ther (specify):
Other (specify):		Horse Power Rating of M	lotor:
Date Pump Installed:	1-25-06	Setting Depth:	
Date rump instance:	17		12
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	
Pump Test Data		Method o	f Measuring Water Level
	4-25-06		Circle one
Date Well Tested:	70-00	Air Line Electric	Measuring Line Steel Tape
Static Water Level (A):	Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):	Feet Below Land Surface	Cures (opcour)	
Drawdown [(B) – (A)]:	Feet Below Land Surface	For flowing well, measur	red shut in head:f
Test Pumping Rate:	Gallons Per Minute	Well yielded	<u><u> </u></u>
Duration of Pump Test (minimum 4 hours):hours		feet afterhours of pumpin	
	e above statements are true to the b	est of my knowledge.	71.1
I HEREBY CERTIFY that th		we on may and when the	AAR
	MA 0-643	Signature of Pu	ma Kottaller
Print Name of Pump Installer	IT ' NT. /if amplicable)	Signature of Pil	HID MUSIZIUCI

MAY 1 1 2006 BY: OLWR

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