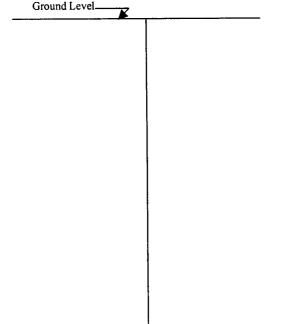
State W	ell Report			
	Part 1 – Driller's Log			
county. Vegeta	t of Environmental Quality	Aquifer:		
	nd Water Resources	Well #: M-232		
Dellar Loan M. Co.d	SOX 10051	. S. Elevation:		
Date drilling completed: 5-15-07 (601)	961-5210			
(601)35	4-6938 (fax)	E-log #:		
State Law requires that this report 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 Owner	Well or Bore	hole Location		
(Landowner if borehole is not for a water well)	Latitude: 34.51,587,, 35	Longitude: 89 . 45,004,		
Owner Name Brod LOTT.	33 Method of Lat/Long (circle one):	Conventional Survey,		
Mailing Address: 13535 Byholio d	USGS quad Hand-held G	PS, Survey-grade GPS		
2	NW 4 NE 4 Sec 5	Twn <u>35</u> Rng <u>5</u> w		
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 568- 2921	<u> </u>	Stonewoll		
Well / Bore				
Date drilling started: 5-15-07 Date drilling completed: 5-15-	r Hole depth: ٦٦٦ Hole depth:	ole diameter: 5		
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Se	ource Heat Pump		
	Seismic SurveyOther (describe) If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve C				
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:				
Screen slot size: inches Setting depth: From feet to feet				
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 next page				

Form: OLWR-SWR-1A

M-232

The sketch below only required for water wells

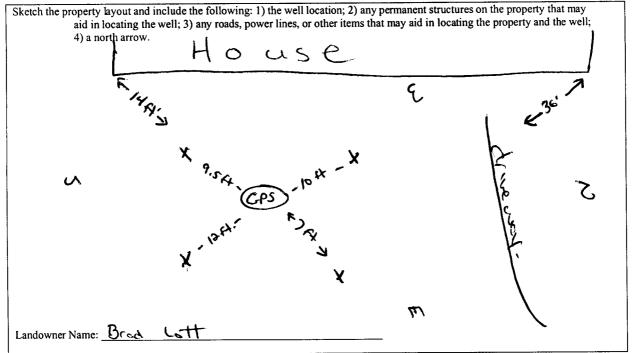
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	Гo (depth)
clay dirt	Ground Level	15
grnel	15	60
white clay	GO	83-
while said	62	232
		t
		1
		1
· · · · · · · · · · · · · · · · · · ·		<u>+</u> {
		+
		+
		+
		1

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



Form: OLWR-SWR-1A

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.

6-11-02.

Date

Juez W. Marow. 0-620

Signature of Licensee

Print Name of Responsible Licensee and License No.

	STATE WE	LL REPORT		
County: Desoto	Part 2			
		Completion Report	For Office Use Only:	
Permit #:		t of Environmental Quality	Aquifer:	
		nd Water Resources	Aquiter	
Driller: Jues w. Moju	P.O. I	Box 10631	11-220	
Determinate C (CC)	Jackson, N	1S 39289-0631	Well #: M-232	
Date completed: 5-15-07	(601)	961-5210		
Copy information from block on Part 1	(601)354-6938 (fax)		Elevation:	
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 Informat	tion	We	ll Location	
Owner Name: Brod Lo77			2 Longitude: 87.45-004	
Mailing Address: 13535 By Lali	rd.	Method of Lat/Long (check o	one): Conventional Survey,	
		USGS quad, Hand-held	l GPS <u>/</u> , Survey-grade GPS	
Byhalia MJ City State	38511	NW 1/ NE 1/2 Sec	5 <u>t 3s r 5 M</u>	
City State	Zip Code		Nearest Town	
Telephone No. (901) 568-3931	L	<u> </u>	of storewall	
Pump Type		Pe	ower Type	
Circle one	1	1	Circle one	
Air Lift Jet NA	Submersible	Diesel Engine Gasoli	ine Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Botary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Moto	r:	
Date Pump Installed:		Setting Depth:	feet	
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:		
		L	······································	

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape Other (specify):

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Jones and an or 620	Gen man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B

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