County: <u>George</u> Permit #: Driller: <u>Michael S. Havaid</u> Date drilling completed: <u>09-05-07</u>	F Mississippi Departmer Office of Land a P.O. I Jackson, M (601)	Vell Report Part 1 ht of Environmental Quality and Water Resources Box 10631 AS 39289-0631 0961-5210 4-6938 (fax)	For Office Use Only: Aquifer:
State Law requires that this rep 30 days of completion of drilling			
Well Owner Information			I Location
Owner Name Dayle Simmer		Latitude: <u>30 ° 56 ' 14</u>	_" Longitude: 28 • <u>37</u> • <u>14</u> "
Mailing Address: 275 Postal 14	owell Rd	Method of Lat/Long (circle of	ne): Conventional Survey,
		USGS quad, Hand-held	CPS, Survey-grade GPS
	26//02	NE 1/4 NE 1/4 Sec 30	Twn TIS Rng R 6W
Luidale MS City Sta Telephone No. (601) 508-6415		$\underline{\underline{2}}_{Miles}$ Direction	Nearest Town of Luced L
	Well	Data	
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 07-05-			
If flowing, method of flow regulation: Va			
Static Water Level: <u>81</u> feet ab			
Method of Measurement (circle one)			
		2	leet
Type of grout (circle one): Cement	-		CUD PUL BC
Casing length: 225 feet Casin			
		inches Type of screen:	
Screen slot size: .008 inches	Setting depth: From _	jac feet to	<u>235</u> feet
Type of completion (circle all applicable):	Gravel parted Under	rreamed Telescoped Open	hole Natural Development
	Other (describe):		·
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable): <u>No log ru</u>	Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constr	ucted, and completed in	accordance with all applicable	requirements of the Mississioni
Department of Environmental Quality a			
Michael S. Havard O-1	73	min !	Ha
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor

21

1 .7

AUG 1 3 2007 BY: OLWR

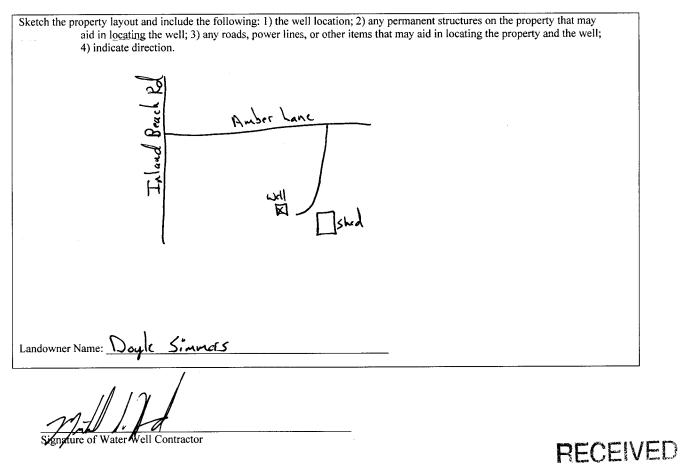
C-136

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
۸		
Topsand	0	15
Clay	15	17
50.40	5	32
Clayr	25	25
Sand	75	80
Claur	80	95
Sind	95	132
Clay	132	158
Sand	158	165
Clay	165	188
Sand (fine-med)	188	205
Clay	205	210
Sand	210	235

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



AUG 1 3 2007 BY: OLWR

······································	STATE WELL REPORT Part 2
Permit #: Driller: Michael S. Havard	Pump Installer's Completion Report ississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601961 136) Well #:
Date completed: 07-04-07	(601)961-5210 (601)354-6938 (fax)
This report should be prepared by the pu installation of pump.	mp installer in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Doyle Simmers	Latitude: <u>N 30°56.14</u> Longitude: <u>W 88°37.36</u>
Mailing Address: 275 Pistol Howel	Road Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GP8, Survey-grade GPS
Lucodale MS City State	39452 1/4 Sec 30 Twn Tis RngR4W
City State	Zip Code Distance Direction Nearest Town
Telephone No. (601) 508 - 6415	2 Miles W of Lucidale
Pump Type	Power Type
Circle one	Circle one
Air Lift Sul	omersible Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Tur	bine Electric Motor Hand Tractor PTO
Centrifugal Rotary Flo	wing Well Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: <u>\ H P</u>
Date Pump Installed: 07-06-87	Setting Depth: 90 feet
Rated Pump Capacity:Gall	ons Per Minute Number of Stages:
Dump Test Date	Method of Measuring Water Level
Pump Test Data	Circle one
Date Well Tested: 07-05-07 Static Water Level (A): 81	w Land Surface Electric Measuring Line Steel Tape
	W Land Surface Other (specify):
Drawdown [(B) – (A)]: \underline{q} Feet Belo	0
Test Pumping Rate: Gall	
Duration of Pump Test (minimum 4 hours): <u>4</u>	hours 9 feet after 9 hours of pumping
	11 - 1
I HEREBY CERTIFY that the above statements	are true to the best of my knowledge.
Michael S. Havard 0-673	Ifinh 1. Ht
Print Name of Pump Installer and License No. (i	f applicable) Signature of Pump Installer

• • • •

AUG 1 3 2007

BY: OLWR