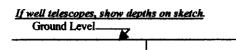
Man	1 State Wo	ell Report	E. Office Her Only
County County	County: Deorge Part 1 - Driller's Log		For Office Use Only:
1	Mississippi Department of Environmental Quality		Aquifer:
Permit #:		d Water Resources	Well #: C-15
Driller: Miket itade		ox 10631	
		S 39289-0631 61-5210	L. S. Elevation:
		-6938 (fax)	E-log #:
	(001)554	0)))(IIII)	
State Law requires that this report Department at the above address			
Information on Well (rehole Location
(Landowner if borehole is not for a water well)			nr 1 5 Go 271 C
Owner Name Ronald Perus		Latitude: <u>30 ° 56 ' 0 3</u>	· Longitude: OC JA C
		Method of Lat/Long (circle or	e): Conventional Survey,
Mailing Address: FOBOX 1159			
		USGS quad, Hand-held GPS, Survey-grade GPS	
AA MA DOURS		SU 1/4 NE1/4 Sec 25	Twn TIS Rng K6
City State Zip Code		-	
		Distance Direction 2 Miles	of Kucica
Telephone No. ()			
· · · · · · · · · · · · · · · · · · ·	Well / Boreho	ala Data	
Location of the source of any statuce wat	r used for arriting: 200	ONC	
Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W	e used in drilling and develop n Electric Gamma Ray	Density Sonic Neutron	Other:
Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S	e used in drilling and develop h Electric Gamma Ray ell <u>C</u> Geotechnical/Geolog Survey Other (<i>describe</i>)	Density Sonic Neutron (Other: Source Heat Pump
Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S	e used in drilling and develop h Electric Gamma Ray ell <u>C</u> Geotechnical/Geolog Survey Other (<i>describe</i>)	Density Sonic Neutron (Other: Source Heat Pump
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Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S <u>If drilling is not related</u>	a Electric Gamma Ray Electric Gamma Ray Ell Geotechnical/Geolog Gurvey Other (describe) to water well construction, adustrial Public Supply	pment: Density Sonic Neutron (cical Investigation Ground skip the remainder of this blo 	Other: Source Heat Pump
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Method of dosing and volume of Chloring Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S <u>If drilling is not related</u> Purpose of Well (check one): Home <u>I</u> If a flowing well, method of flow regulatio	e used in drilling and develop a Electric Gamma Ray ell <u>Geotechnical/Geolog</u> Survey Other (<i>describe</i>) <u>to water well construction</u> , adustrial Public Supply n: Valve <u>Other</u> Other	Density Sonic Neutron (cical Investigation Ground skip the remainder of this bla 	Other:
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Method of dosing and volume of Chlorine Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water W Seismic S If drilling is not related Purpose of Well (check one): Home I In If a flowing well, method of flow regulation Static Water Level:feet ab Method of Measurement (circle one) static Well depth: Well grouted to a dep Casing length: feet Casing	a Liectric Gamma Ray ell <u>Geotechnical/Geolog</u> Survey Other (<i>describe</i>) to water well construction, adustrial Public Supply n: Valve <u>Other</u> to valve or below (circle one) lance tape electric tape oth of <u>feet</u> Type of g diameter: <u>Geotechnical/Geolog</u>	perment:	Other: Source Heat Pump <u>xck</u> Other: other: ent Bentonite Mix U (4 0)
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C-152

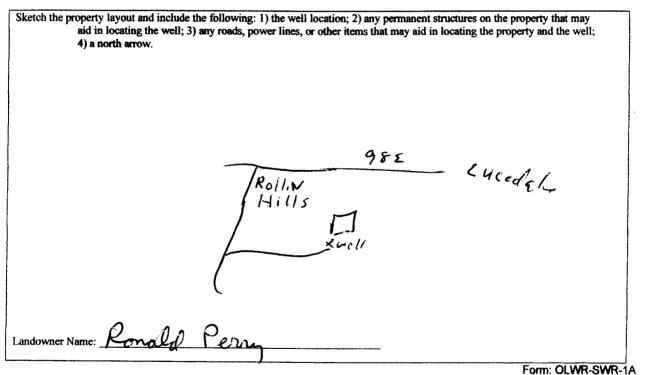
The sketch below only required for water wells



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)
	Ground Level	
Clas	0	3
Rand	3-	15
Dam	15	43
	43.	44
Rame	44	70
Jung	1	
······································		
		1
	1	1
		1
	1	1
	1	1
	1	1
	1	1
	<u> </u>	1
	1	1
	1	1
	1	1

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



I certify that the well/borchole 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

law ry Fog/104284-10 08 Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

RECEIVED APR 2 2 2008 BY: OLWR

STATE WELL REPORT				
County: Deored Permit #: Driller: Mike + Walk Date completed: 4 - 11'08 Covv information from block on Part 1 This part of the report must be completed by a licensed water we report must be attached and both parts filed with the Department Well Owner Information Owner Name: POBOX 1154	Part 2 er's Completion Report nent of Environmental Quality nd and Water Resources D. Box 10631 n, MS 39289-0631 01)961-5210)354-6938 (fax) ell contractor or a licensed pump installer. A copy of Part 1 of the matter the above address within 30 days of well completion. Well Location Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS_, Survey-grade GPS_			
City State Zip Code	<u>4 Sec 2_5 TTISRR6</u> Distance Direction Nearest Town <u>2</u>			
Pump Type Circle one	Power Type Circle one			
Air LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):			
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>MichaelRFigfog/f0408</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B				

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