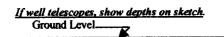
	Vell Report Driller's Log	For Office Use Only:			
Mississippi Departmen	nt of Environmental Quality	Aquifer:			
	and Water Resources Box 10631	well #: D-134			
	AS 39289-0631	L. S. Elevation:			
)961-5210				
(601)35	4-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com					
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Bo	rehole Location			
Owner Name trankin Massey	Latitude: <u>30 ° 56 ° 31</u>	" Longitude: <u>88° 27 ' 30</u> "			
Mailing Address 216 Coal Havard Rd	Method of Lat/Long (circle or				
	USGS quad, Hand-held	GPS, Survey-grade GPS			
City State Zip Code	Ms 39452 5W 45W 4 Sec 23				
	Distance Direction	of Kory Ceck			
Telephone No. ()		L I			
Well / Bore	hole Data				
Date drilling started: $\frac{\cancel{6}}{\cancel{6}}$ Date drilling completed: $\cancel{8}$	8 Hole depth: 35	Hole diameter: $\frac{4^{1/2}}{2}$			
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/Geological Investigation Ground Source Heat Pump					
	Seismic SurveyOther (describe)				
Purpose of Well (check one): Home LIndustrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
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: 35 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)					
Casing length: <u>30</u> feet Casing diameter: <u>2</u> inches Type of casing: $\frac{\beta \cup \zeta + \beta}{\beta \cup \zeta}$					
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PV Curapper</u>					
Screen slot size: <u>8</u> inches Setting depth: From					
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					

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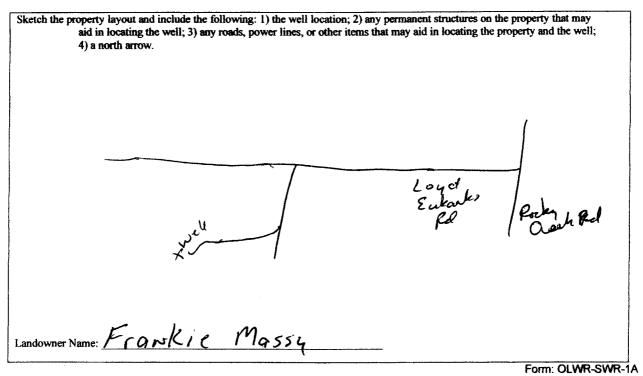
The sketch below only required for water wells



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	
Roma	0	4
Clea	4.	6
Pane	6	22
C Q q i	22	27
Reisel	23	27
- I and		1
		1
	1	<u>† – – – – – – – – – – – – – – – – – – –</u>
		1
		1
	· [- · · ·	+
	+	
		+
		+
		ļ

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



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

Enyfog/10400 8-608 Micha

Print Name of Responsible Licensee and License No.

Signature of Licensee

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Luculal Ms 39452 City State Zip Code "" "A Sec 2.3 TIS R K5 Distance Direction Nearest Town 1 Miles Image: Construction of the second	, STATE WELL REPORT			
Permit #	County: Herry			For Office Use Only:
Driller: //Left_d_L_CACK P.O. Box 10631 Well #:				Aquifer:
Date completed:	Driller Mile + Uase			
(00179-1210 (00179-1210 (Intervalue from block on Part 1 (100179-1210 Elevation:		Jackson,	MS 39289-0631	Well #:7
Carbon material from anotation from anotation from anotation from anotation for anotation of a file on the point filed with the Department at the above address within 30 days of well completion. Part 1 of the from must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be adarbased and both parts filed with the Department at the above address within 30 days of well completion. Vall Owner Information Owner Name Junch Moduly Moduly		· ·	·	Elevation:
report must be attached and both parts filed with the Department at the above address within 30 days of vell completion. Well Owner Information Well Owner Information Owner Name				installer A come of Part 1 of the
Well Owner Information Well Location Owner Name Iron Min Modely Mailing Address 216 Cond How of Modely Mailing Address 216 Cond How of Modely Latitude: Longitude: Mailing Address 216 Cond How of Modely Method of Lat/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade GPS	This part of the report must be completed l report must be attached and both parts file	by a licensed water well ed with the Department	at the above address within 30 i	lays of well completion.
Mailing Address 216 Carl Hours He Mailing Address 216 Carl Hours He Mailing Address 216 Carl Hours He Mailing Address 216 Method of Lat/Long (check one): Conventional Survey_, uSGS quad_, Hand-held GPS_, Survey-grade GPS			We	Il Location
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Owner Name Trankin Mc	sery	Latitude:	_ Longitude:
Lucidal Ms 39452 City State Zip Code M 4 Sec_23 tf 1/5 R.R.S.W Distance Direction Nearest Town 7 Miles	Mailing Address 216 Carl J	Javand Rd	Method of Lat/Long (check of	ne): Conventional Survey,
City State Zip Code Telephone No. (USGS quad, Hand-held	I GPS, Survey-grade GPS
Telephone No. (and the second sec	39452 1/4 Sec 23 TT 15 R RSW	
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	City State	Zip Code	Distance Direction	Nearest Town
Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed:	Telephone No. ()	- Marry	<u>_7_Miles</u> <u>L</u>	of Rocky Krech
Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed:	L <u></u>		_l	
Bucket Piston Bucket Piston Centrifugal Rotary Rotary Flowing Well Other (specify):				
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Date Pump Installed: Rated Pump Capacity: 6 - 8 Gallons Per Minute Setting Depth: 2 1 feet Number of Stages: 1 Number of Stages: 1 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested:	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Rated Pump Capacity: Gallons Per Minute Number of Stages:	Other (specify):	<u></u>	Horse Power Rating of Motor	r1/2
Pump Test Data Method of Measuring Water Level Date Well Tested:	Date Pump Installed:		Setting Depth: <u>27</u>	feet
Date Well Tested:	Rated Pump Capacity: 6-8	Gallons Per Minute	Number of Stages:1	
Date Well Tested:	Pump Test Data		Method of Me	casaring Water Level
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute	•		1	•
Pumping Water Level (B): Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of			Air Line Electric Mea	asuring Line Steel Tape
Pumping Water Level (B): 5 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of		Below Land Surface	Other (specify):	
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of	Pumping Water Level (B): <u>15</u> Feet B	Below Land Surface		
	Drawdown [(B) – (A)]:Feet H	Below Land Surface	For flowing well, measured si	hut in head:feet
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping	Test Pumping Rate:	Gallons Per Minute		
	Duration of Pump Test (minimum 4 hours):	<u> </u>	feet after	hours of pumping
HEREBY CERTIFY that the above statements are true to the best of my knowledge. Michael R F 4 F 69/1 0 408 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer Form: OLWR-SWR-1B	Michael RFryFogle	0408	Michael K	Staller Dom: OLWB-SWB-1B
RECEIVED				\checkmark
AUG 2 6 2008				

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BY: OLWR