State Well Report					
County: George	Part 1		For Office Use Only:		
Permit #:		t of Environmental Quality	Aquifer:		
	ANTHORNOUS DIVINOUS AND ACCOUNT OF THE PARTY	and Water Resources Box 10631	Well #: 6-152		
Driller: Michael S. Havard		1S 39289-0631	L. S. Elevation:		
Date drilling completed: OC-21-07	,	961-5210	-		
(601)354-6938 (fax) E-log #:					
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.					
Well Owner Information		Well	l Location		
Owner Name Marie Krebs		Latitude: 30 ° 51 , 73	" Longitude: 88° 36' '68' "		
Mailing Address: 144 Terry Fork Road		Method of Lat/Long (circle or			
		USGS quad, Hand-held GPS Survey-grade GPS			
Lucedale MS 39452 City State Zip Code Telephone No. (601) 766-9896		5E 1/4 NE 1/4 Sec 20	Twn T25 Rng Rud		
		Distance Direction Nearest Town  Miles 5 of Uccase			
			or Cucaare		
	Well I	Data Data			
Dumaga of Wall (single and) Home			Othory		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started:					
If flowing, 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)	eel tape electric tape	air line other:			
Hole depth: 108 Well depth: 108 Well grouted to a depth of 12 feet					
Type of grout (circle one): Cement Bentonite					
Casing length: <u>98</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVL 540 BE</u>					
Screen length: 10 feet Screen diameter: 1 inches Type of screen: WOP PVC					
Screen slot size:					
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 back of page					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws/					
Michael S. Havard O-673 Michael S. Havard			A A		
Print Name of Water Well Contractor and License No.		Signature of	Water Well Contractor		

RECEIVED

AUG 13 2007

BY: OLWR

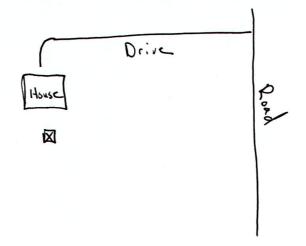
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
TopSand	0	10
Charles	10	28
Sand / Clay Strips Sand Clay / Strips Sand	28	55
Sand	55	20
Clave 1 Strips Sand	70	75
Sand	75	79
Clay	79	87
Sand	82	108

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

Sketch the p	property layout and include the following: 1) the well location; 2) any permanent structures on the property that n	nay
	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the	
	4) indicate direction	



Landowner Name: Marie Krebs

Signature of Water Well Contractor

## STATE WELL REPORT

## Permit #: Driller: Michael S. Javaid Date completed: 06-21-07

Print Name of Pump Installer and License No. (if applicable)

## Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:				
Aquifer:				
well #: 6 - 152				
Elevation:				

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Location Well Owner Information Owner Name: Marie Krebs Latitude: N30° 51. 73 Longitude: W88°36.08 Mailing Address: 144 Jerry Fork Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS 1/4 Sec 20 Twn T25 Rng RGW Nearest Town Direction Distance Telephone No. (601) 766 - 9896 **Power Type** Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Electric Motor Hand Tractor PTO Piston Turbine Bucket Other (specify): Flowing Well Windmill Centrifugal Rotary Horse Power Rating of Motor: Other (specify): 06-21-07 Date Pump Installed: Setting Depth: 19 Gallons Per Minute Number of Stages: \_ Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 06-21-07 Electric Measuring Line Steel Tape Static Water Level (A): 53 Feet Below Land Surface Other (specify): Pumping Water Level (B): 43 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: \_\_\_ Well yielded GPM with a drawdown of Test Pumping Rate: Gallons Per Minute hours of pumping feet after Duration of Pump Test (minimum 4 hours): I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

p Installer

AUG 1.3 2007