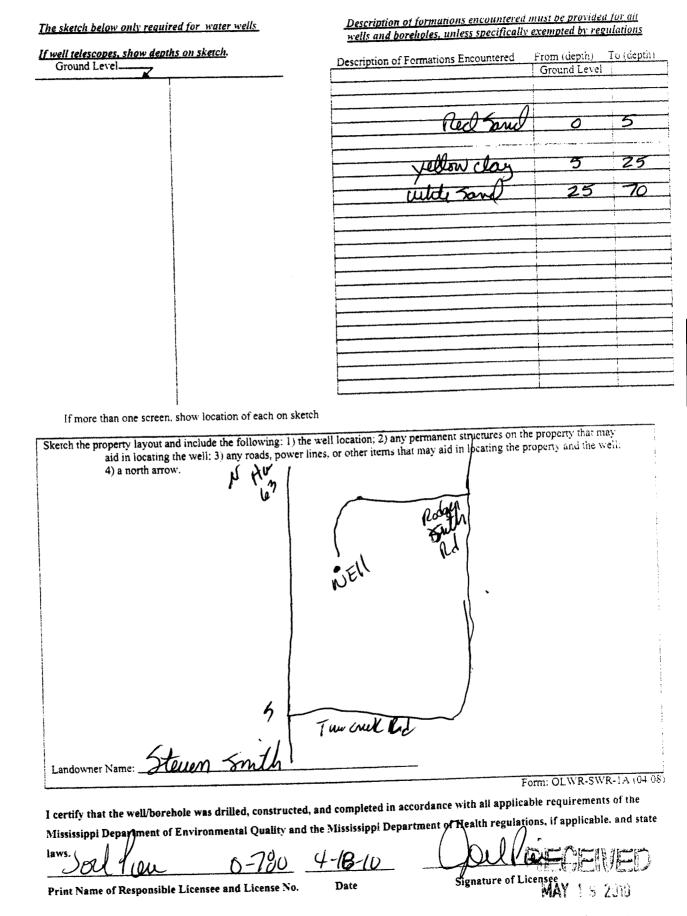
## RE-Do

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	State W	ell Report	For Office Lse Only:				
County Deorge	Part 1 - Driller's Log		Agenton 6178				
Permit #: 0-780	Mississippi Department of Environmental Quality Office of Land and Water Resources						
Driller: Joel field	P.O. Box 2307		Well =:				
	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:				
Date drilling completed <u>4-15-10</u>			E-icg =:				
State Law reautres that this report	he prepared by the lic	ense holder responsible for	the work and filed with the				
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 Borehole Location							
Information on Well O (Landowner if borehole is not for							
Owner Name Steven Sm	th	Latitude: <u>30</u> 26 36	<u>1</u> Longitude <u>88 36 563</u> 34				
0.0	the Rol	Method of Lat Long (circle one): Conventional Survey.					
Mailing Address Kand-held OPS Survey-grade OPS							
	0.0110	SE NW Sec 1-	TVTwn 25 Rng GW				
Luchale m	0.15						
City State Zip Code Distance Direction Nearest Town Lines daly was							
Telephone No. ()							
	Well / Bor	ehole Data	*****				
Data delling and 4-15-10 Data de	lina normanate 4-15	-10 Hole depth 70	Hole diamates 2				
Date drilling started: <u>4-15-10</u> Date drilling completed: <u>4-15-10</u> Hole depth <u>70</u> Hole discussi <u>2</u> Location of the source of any surface water used for drilling: <u>Aguala, ws</u> Nothed of depine and volume of Chlorine used in drilling and development: <u>2000 Walte</u> <u>4gal</u> <u>chlorin</u>							
Method of dosing and volume of chlorine	uses in utiling and deve						
Logs run (circle all applicable). No log rur Name of organization running log(s).	) Electric Gamma Raj	Dataity Stale Neumon	<u>Cinx</u>				
Purpose of borehole (check one): Water W			nd Source Heat Pump				
Selsmic S	orveyOther (describ	i	black				
If drilling is not related to water well construction, skip the remainder of this block							
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:							
(fa flowing well, method of flow regulation: Valve Other (describe)							
Static Water Level: 3 feet above or below (circle one) land surface Date measured: 4-15-10							
Method of Measurement (circle one) steel tape electric tape air line other:							
Well depth: 70 Well grouted to a depth of O feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: <u>60</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Planate</u>							
Casing length:   O   feet   Casing diameter:   2   inches   Type of casing:   200 400 400 400 400 400 400 400 400 400							
Screen slot size: /// inches	Setting depth: From						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
Top of lap pipe or reduction in casing:	feet. If a	telescoped or more than one so	creen, describe on next page				
L			Form: OLWR-SWR-1A (04/0				
			- Martin com				

RECEIVED JUN 2 1 2010 BY: OLWR

5178



BV-OWP

Cours:   Description   Part 2   For Office Lise Ony:     Permit *:   Q - 740.   Missingip Degramment of Environment Olaving Office of Land and Water Resources   Audit:   G. / 2.8     Date completed   Q - 180.   Discompleted System   Weil *:		STATE WE	LL REPORT					
Permit = 0760   Pump Installer's Completion Report     Differ of the report must be completed by a licensed network within 30 datas of well completion.   Acader: G: 17.8     Differ 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 parts filed with the Department of the above address within 30 datas of well completion.     Port mate be acceled and both and Strate   Well Over Information     Owner Name:   Statut     Well Over Information   Statut     City   Statut     City   Statut     Statut   Submersible     Distance   Distance     Pump Type   City     City   Statut     Pump Type   Distance     Ci	Denel	Pa	rt 2	For Office Use Only:				
Driller:   Jar D. P. Jau   Office of Lind and Water Academies     Disc completed:   Q-18-10   Office of Lind and Water Academies     Case:   indomation from Nicek on Part 11   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 completed in a bove address within 34 days of well completion.     Port Name:   Well or 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 tracked and abor parts filed with the above address within 34 days of well completion.     Well Ovaer Information   Well Ovaer Information     Owner Name:   State Degramment a the above address within 34 days of well completion.     Well Ovaer Information   Intitude 35-52-607.     Mailing Address:   (Landod).     Quy   State     City   State     <		Pump Installer's Completion Report		Aquifer: A	~ <i>c</i> )			
Date complete:   Q-1B-10   P.O. Box 2309   Well x		Mississippi Department of Environmental Quarty		G1	10			
Date completed:   4-18-10	Driller: Joel Pieur	P.O. Box 2309		Well =:				
Core information from block on Part1     (601)961-5228 (fax)     This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp. of Part 1 of the report must be completed by a licensed must be address within 20 does of vell completion.     Well Owner Information   Well Owner Information     Owner Name:   Address:     Well Owner Information   State 10 does of vell completion.     Well Owner Name:   State 10 does of vell completion.     Well Owner Name:   State 20 Code     This part of the report must be above statements well be part of the above difference on the table of the table of the table.     The part of the report must be above statements are true to the best of my knowledge.   Nethod of Measuring Line     Mather statements are true to the best of my knowledge.     Mather state wel	Data completed: 4-18-10	Jackson, MS 39225						
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. Accept of Part 1 of the report must be attached and both purs filed with the Department or the above address within 30 days of well completion. Well Owner Name: Statuant Structure Information     Owner Name: Statuant Structure Information or the above address within 30 days of well completion.   Well Owner Name: Conventional Survey.     Mailing Address:   Updle put Statu filed.   Latitude: 30-52-607. Longitude 30-36-56.3     Mailing Address:   Updle put Statu filed.   Method of Lat Long (check one): Conventional Survey.     (uudal. ND: 39452   Num ': NM ': Sec 73: 1.25: R.Gul.     (ind.): 508-2809   Jistance Direction Nearest Town     3: Miles Zeells. of Lauxdaft; uss   Jistance Direction Nearest Town     Air Lift   Test Submersible   Diesel Engine   Gasoline Engine Natural Gas     Bucket   Piston   Turbine   Vindmill   Other (specify):     Date Pump Installed:   4: 16: 10   Gallons Per Minute   Number of Stages.   Z     Date Well Tested (B):   50: Feet Below Land Surface   Niethod of Nearing Water Level Circle one   Circle one     Static Water Level (A):   Z   Feet Below Land Surface   Performation Nearest Town   Give one     Date Well Tested:   10: Gallons Per Minute				Elevation:				
Well Over Information     Well Charles Information     Information Information     Well Charles Information     Information Information     Well Charles Information     Information Information     Information Information     Well Charles Information     Information Information     Information Information     Information Information     Information Information </td <td colspan="8">in the second pump installer. A copy of Part 1 of the</td>	in the second pump installer. A copy of Part 1 of the							
Well Owner Name: State Minimum     Mailing Address: Long Conventional Survey     Mailing Address: Long Check one): Conventional Survey     Mailing Address: Long Check one): Conventional Survey     USGS quad     Mailing Address: Long Check one): Conventional Survey     USGS quad     Mailing Address: Conventional Survey     USGS quad     Mailing Address: Conventional Survey     USGS quad     Mailing Check one): Conventional Survey     USGS quad     Mailing Check one): Conventional Survey     USGS quad     Maile State Zip Code     Pump Type     Circle one     Circle one     Air Lift     Distance     Maintel Gasoline Engine     Natural Gas     Backet     Pinp Type     Circle one     Circle one     Mailes Secting Motor:     Miles Secting Motor:     Distance <t< td=""><td colspan="8">This part of the report must be completed by a licensed water well contractor of a licensed pump. This part of days of well completion.</td></t<>	This part of the report must be completed by a licensed water well contractor of a licensed pump. This part of days of well completion.							
Mailing Address   Image for the former of	Well Owner Information	Da						
Mailing Address   Image for the former of	the second second	Latitude: 30-52-607		Longirude: <u>88 - 76 - 76 -</u>				
Maining Address		had	Method of Lat Long (check one): Conventional Survey					
Image: Non-angle of the second se	Mailing Address: 1900 PC Matter Comment		USGS quad, Hand-held GPS Survey-grade GPS					
City   State   Zip Code   Distance   Direction   Nearest Town     Telephone No. (GOL). 508 - 2809   3   Miles   3   Mile	(undal) MD 39457		NW 1/2 NW 1/4 Sec 73 T25 R GW					
Pump Type Circle one   Power Type Circle one     Air Lift   Image: Submersible     Bucket   Piston     Turbine   Diesel Engine     Gasoline Engine   Natural Gas     Bucket   Piston     Centrifugal   Rotary     Plump Type   Gasoline Engine     Centrifugal   Rotary     Plump Type   Gasoline Engine     Other (specify):		Zip Code	Distance Direction	Nearest Town				
Pump Type Circle one   Power Type Circle one     Air Lift   Ier   Submersible     Bucket   Piston   Turbine     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	Telephone No. (60) 508-2809		3 Miles Full of Landaly us					
Pump Type Circle one     Air Lift   Turbine   Circle one     Bucket   Piston   Turbine   Diesel Engine   Gasoline Engine   Natural Gas     Bucket   Piston   Turbine   Steerie Motor   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):			<u></u>					
Air Lift   Image: Submersible   Diesel Engine   Gasoline Engine   Natural Gas     Bucket   Piston   Turbine   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	· · · ·		5		4 -			
Air Lift   It   Submersible   Diesel Engine   Galonie Engine     Bucket   Piston   Turbine   Hand   Tractor PTO     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	Circle one		Carol	ina Engine	Natural Gas			
Bucket   Piston   Turbine   Becric Motor   Fland     Centrifugal   Rotary   Flowing Well   Windmill   Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasol	ille Englise				
Centrifugal   Rotary   Flowing went   International content of the second secon	Bucket Piston	Turbine	Execute meter					
Other (specify):	Centrifugal Rotary	Flowing Well		1				
Date Pump Installed:   4 - 18 - 10     Rated Pump Capacity:   10   Gallons Per Minute     Pump Test Data   Number of Stages:   2     Date Well Tested:   4 - 18 - 10   Setting Depth:   Circle one     Static Water Level (A):   7   Feet Below Land Surface   Air Line   Electric Measuring Line   Steel Tape     Other (specify):	Other (specify)	Horse Power Rating of Motor:						
Rated Pump Capacity:   O   Gallons Per Minute   Number of Stages:   A     Pump Test Data   Method of Measuring Water Level   Circle one     Date Well Tested:   U - 10-10   Air Line   Electric Measuring Line   Steel Tape     Static Water Level (A):   Z   Feet Below Land Surface   Other (specify):   Other (specify):     Pumping Water Level (B):   50   Feet Below Land Surface   For flowing well. measured shut in head:	Date Pump Installed: 4-18-10	Setting Depth:						
Pump Test Data   Method of Measuring Water Level Circle one     Date Well Tested: <u>U</u> -10-10     Static Water Level (A):   Z     Feet Below Land Surface   Feet Below Land Surface     Drawdown [(B) - (A)]:   Z     Feet Below Land Surface   Other (specify):     Test Pumping Rate:   10     Gallons Per Minute   C     Duration of Pump Test (minimum 4 hours): <u>48</u> hours     I HEREBY CERTIFY that the above statements are true to the best of my knowledge.   MAY 1 9 2010     I HEREBY CERTIFY that the above statements are true to the best of my knowledge.   MAY 1 9 2010	Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:					
Pump 1 est Data     Circle one     Circle one     Date Well Tested: <u>4 - 10 - 10</u> Static Water Level (A): <u>7</u> Feet Below Land Surface     Pumping Water Level (B): <u>50</u> Feet Below Land Surface   Electric Measuring Line   Steel Tape     Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface   Other (specify):								
Dare Well Tested: <u>U-10-10</u> Static Water Level (A):   Z   Feet Below Land Surface     Pumping Water Level (B):   50   Feet Below Land Surface     Drawdown [(B) - (A)]:   2   Feet Below Land Surface     Test Pumping Rate:   10   Gallons Per Minute     Duration of Pump Test (minimum 4 hours): <u>48</u> hours     I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>MAY 19 2010</u>	Pump Test Data	Pump Test Data			Method of Measuring Water Level			
Static Water Level (A):   Z   Feet Below Land Surface     Pumping Water Level (B):   50   Feet Below Land Surface     Drawdown [(B) - (A)]:   2   Feet Below Land Surface     Test Pumping Rate:   10   Gallons Per Minute     Duration of Pump Test (minimum 4 hours):   48   hours     I HEREBY CERTIFY that the above statements are true to the best of my knowledge.   Feet after   MAY 19 2010	-				Steel Tape			
Pumping Water Level (B):   50   Feet Below Land Surface     Drawdown [(B) - (A)]:   2   Feet Below Land Surface     Test Pumping Rate:   10   Gallons Per Minute     Duration of Pump Test (minimum 4 hours):   48   hours     I HEREBY CERTIFY that the above statements are true to the best of my knowledge.   Feet after   916/000000000000000000000000000000000000				1				
Drawdown $[(B) - (A)]$ :Feet Below Land Surface Test Pumping Rate:O Gallons Per Minute Duration of Pump Test (minimum 4 hours):HS hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. 0 - 780 For flowing well, measured shut in head:reet Well yieldedOGPM with a drawdown of Feet after hours of pumping DI Feet after HS hours of pumping HAY 19 2010	Static Water Level (A). 50 Feet Below Land Surface		Other (specify):					
Drawdown [(B) - (A)].	Pumping water Level (B) Foot Below Land Surface		For flowing well, measure	d shut in head:	feet			
I fest Pumping Kate.			Well vielded (O GPM with a drawdown of					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. RECENTED   10.0 Prove 0.780	Test Pumping Rate:	Well Steldeu	JQ.	hours of numping				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. MAY 19 2010	Duration of Pump Test (minimum 4 hours	s): <u>48</u> hours	feet atte	er				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. MAY 19 2010	······			<u> </u>	ECENED			
Dellau D-780	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.							
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR 18/04/08)	Delleville D-780							