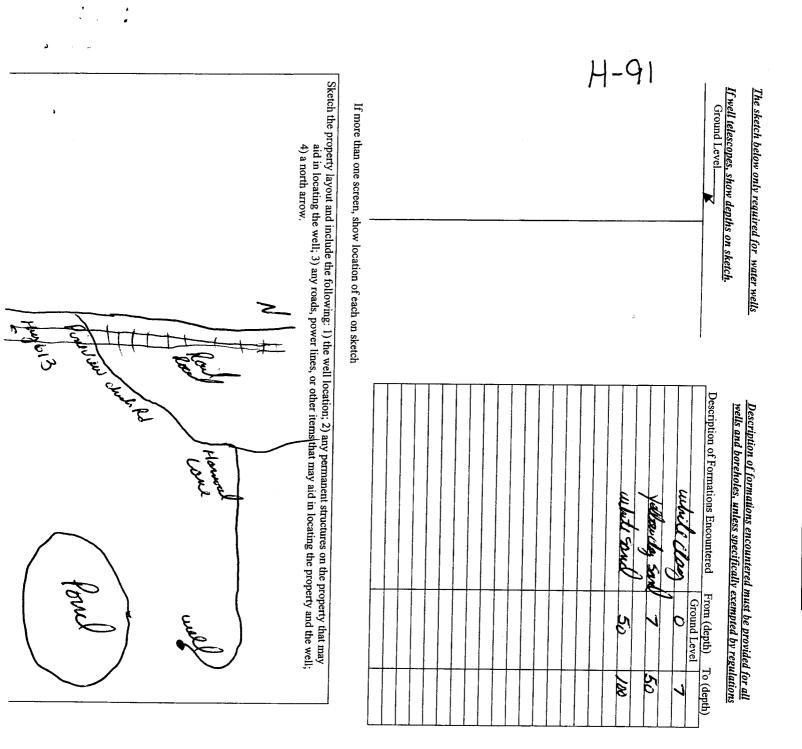
	<b>J</b> State W	ell Report	
County: Seorge		Driller's Log	For Office Use Only:
Permit #: 0 - 780	Mississippi Departmen	t of Environmental Quality	Aquifer:
	Office of Land and Water Resources		
Driller: W. Joel Presc		Box 10631	Well #: <u>H-9</u>
Date drilling completed: 2-8-07		IS 39289-0631	L. S. Elevation:
		961-5210	
		4-6938 (fax)	E-log #:
State Law requires that this repo Department at the above addres	rt be prepared by the lice	ense holder responsible fo	r the work and filed with the
Department at the above addres Information on Well	s muuti so uuvs oi comn	letton of drilling of the we	ell or borehole.
(Landowner if borehole is not for a water well)		Well or Borehole Location	
		Latitude: 88 . 30 . 296 " Longitude: 30 . 51 . 594	
Owner Name 10/01 Tuf	lon		R Longitude: D = 1 5/
Mailing Address: 128 Power U	in cluck []	Method of Lat/Long (circle	one): Conventional Survey,
Mailing Address: 128 Pore 1/ Harwool Ca	w	USGS quad, Hand-he	ld GPS, Survey-grade GPS
1.1.1	0 70000	SE 1/0F 1/4 Sec 2	0' Twn 25 Rng 54
City Sta	<u>D 39452</u>	NW NW	Twin Ring
	te Zip Code	Distance NW Direction	Nearest Town
Telephone No. (21) 947 - 83	26	MilesBuun	of Aquila
	Well / Boreh		
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling:	Hole depth:	Thole diameter: 4 . 11
Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable) No log ru Name of organization running log(s):	er used for drilling: e used in drilling and develo	pment: <u>us</u> Density Sonic Neutron	- 2000 Wate1 Other:
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MAR 1 3 2007 BY: OLWR



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STATE WELL REPORT				
County: $\Delta UCL$ Permit #: $Q - 780$ Driller: $W. 5cc + 216rce$ Date completed: $2-3-07$ Covy information from block on Part 1 This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of Well Owner Information Owner Name: $Melan Tieplon$ Mailing Address: $129$ Pin. View Clish fld Hurlah, up 39452	Part 2 's Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 )961-5210 54-6938 (fax) Contractor or a licensed pump installer. A conv of Part 1 of the			
City State Zip Code Telephone No. (601) 947-8326	Distance Direction Nearest Town, <u>3 Miles North of Kepula</u>			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify): Date Pump Installed: 2 ~ 8 - 0 7	Horse Power Rating of Motor: 3/2			
Rated Pump Capacity: 50 Gallons Per Minute	Number of Stages: 10			
Pump Test Data         Date Well Tested:       2 -8 -0 7         Static Water Level (A):       10         Feet Below Land Surface         Pumping Water Level (B):       40         Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:       50       Gallons Per Minute         Duration of Pump Test (minimum 4 hours):       48       hours	Well yielded <u>46</u> GPM with a drawdown of <u>2</u> feet after <u>48</u> hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

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MAR 1 3 2007 BY: OLWR