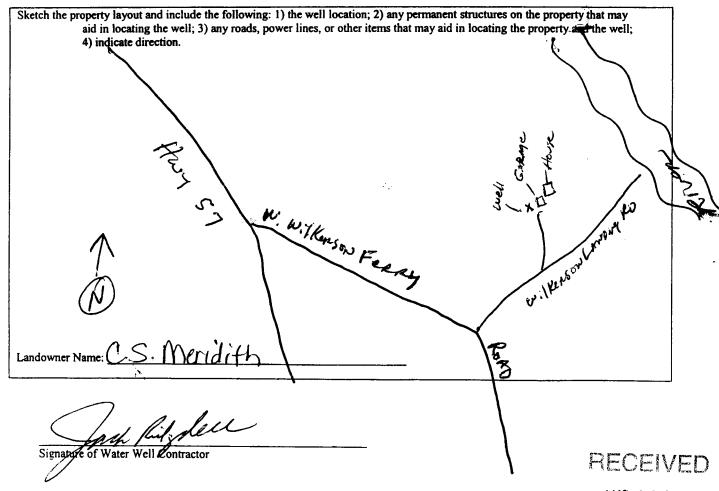
State W	ell Report			
	art 1 For Office Use Only:			
Mississippi Departmen	t of Environmental Quality Aquifer:			
	nd Water Resources Sox 10631 Well #:			
! Deillof: KIANTIAWATT LANCAL MOV	IS 39289-0631 L. S. Elevation:			
1 7 2 2 2 1	961-5210			
	4-6938 (fax) E-log #:			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name C.S. Meredith, III	Latitude: 30 ° 48 '898" Longitude 088° 45' 086			
Mailing Address: W. Wilkerson Ferry Rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, (Hand-held GPS) Survey-grade GPS			
Lucedale, MS 39452	NE 1/2 Sec 37 √Twn 735 Rng 8 8 W			
Telephone No. 228 388-2415	Distance Direction Nearest Town Miles SE of Boxtone			
Well I				
~~	/212			
	Irrigation Fish Culture Other:			
Date well drilling started: 7-22-09 Date w				
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 40 feet above or below circle one) le	and surface Date measured: 7800			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 390FT Well depth: 390FT	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: Office Casing diameter:	_inches Type of casing:PVC			
Screen length: 10 feet Screen diameter: 2	inches Type of screen: PVC			
Screen slot size: inches Setting depth: From	280 feet to 290 feet			
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:	escoped 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 a				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack Ridgdell 0-472	Lufthelell 0-472			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contains			

If well	telescopes ple	ase sketch	below and	show de	oths.
II WEII	releacones nic	436 286パリ	OCIOM BIIG	DITOM CO	Lara.

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Description of Formations Encountered	From	То
TOPSoil	0	3
prange clay	3	13
Dranger Oxar E. Sai D	143	34
Gray medium to Chrise Sand	267	29
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		\Box

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



AUG 1 2 2009

BY OLWA

	STATE WI	ELL REPORT		
County GROPGE Permit #: Driller Coast Water Wellsky. Date completed: 7-22-69	Pump Installer's Mississippi Departmen Office of Land a P.O. I Jackson, M (601	art 2 s Completion Report at of Environmental Quali- and Water Resources 30x 10631 1S 39289-0631) 961-5210 54-6938 (fax)	Aquifer: Well #:	The Use Only:
This report should be prepared by the installation of pump.	e pump installer in deta	il and filed with the Dep	eartment within 30 days	of the
Well Owner Information Owner Name: C.S. Middith Mailing Address: W. Wilkerson F Luceda le Ms City State Telephone No. 238, 388, 2415	erry Rd. 39452 Zip Code	Method of Lat/Long (city USGS quad) WWW 1/2 WE 1/2 Se Distance Direct	Well Location 18" Longitude 088 rele one): Conventional Hand-held GPS Surve cc 77 Twn 735 tion Nearest Town of Reworks	Survey, sy-grade GPS Rng & & W
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		Other (specify):	
Other (specify):		Horse Power Rating of I		
Date Pump Installed: 7 - 23 - 00 Rated Pump Capacity: 7.5	Gallons Per Minute	Number of Stages:	Throppipes Z	eet
Pump Test Data		Method	of Measuring Water Le	vel
Pumping Water Level (B): NA Feet B Drawdown [(B) – (A)]: NA Feet B	Below Land Surface		Circle one c Measuring Line red shut in head:	Steel Tape
Duration of Pump Test (minimum 4 hours):	4 hours	N/A feet a	fter <u>MA</u> hour	s of pumping
				J

THEREBY CERTIFY that the above statements are true to the best of my knowledge.

| Jack Ridgdell 0-472 | Jack Riggles
| Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer | FECEIVE