(1)	State Well Report		
County: <u>George 031</u> Permit #:	Part 1	For Office Use Only:	
Parmis #s	Mississippi Department of Environmental Quality	Aquifer:	
	Office of Land and Water Resources	TOOL	
Driller: Pierce Well	P.O. Box 10631	Well #:	
	Jackson, MS 39289-0631	L. S. Elevation: L218	
Date drilling completed: 3-8-05	(601)961-5210	L. S. Lievation	
	(601)354-6938 (fax)	E-log #:	
here water will Onl	hog		
30 down of court distribution of the court of co	ortibe prepared by the driller in detail and filed	with the Department within	
The state of the s	or the well.		
Well Owner Informa	w	ell Location	
Owner Name Rob Barne	H Janine 30 · AR · A	9" Longitude: 88 · 32 · 49 "	
	Lautode: 30 - 70 . Q	1" Longitude: 88° 32'47"	
Mailing Address:	Method of Lat/Long (circle	one): Conventional Summer	
(1) 20, 20,	+ D	one). Conventional Survey,	
oten tinco	MUSGS quad, Hand-he	ld GPS, Survey-grade GPS	
hucedale	M = 1 .		
	SW WE 1/2 Sec 12	Twn 35 Rng 6W	
City Stat	te Zip Code NW		
Telephone No. ()_	Distance Direction	Nearest Town	
	Miles	of Agrupla But on Rd.	
	Well Data		
Purpose of Well (circle one) Home Indu	ustrial Public Supply Irrigation Fish Culture	Other:	
Date well drilling storted.	Date well drilling completed:	2	
Butte with diffining started.	Date well drilling completed:	5 78 703	
If flowing, method of flow regulation: Valv	ve Other (describe)		
I A L	Other (describe)		
Static Water Level: 40 feet abo	ove or below (circle one) land surface Date measured	•	
	cel tape electric tape air line other:		
Hole depth: 90 Well dep	Q X I		
wen dep	th: <u>90</u> Well grouted to a depth of		
Type of grout (circle one): Cement	Bentonite (Mix)		
i i			
Casing length: 80 feet Casing	g diameter: 2 inches Type of casing:	plastic	
n /n !	7		
Screen length: 10 feet Scree	n diameter:inches Type of screen: _	Plastic	
/			
screen sion size. Of Inches	Setting depth: Fromfeet to	feet	
Type of completion (circle all applicable):	Gravel packed Hudamanana to the		
an approache).	Gravel packed Underreamed Telescoped Oper	hole Matural Development	
	Other (describe):		
T			
Top of lap pipe or reduction in easing:	feet. If telescoped or more than one sci	een, describe on back of page	
Logo run (oirele all annticata		4	
Logs full (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 construction	ofed and completed to		
Description 4 65	cted, and completed in accordance with all applicable	requirements of the Mississippi	
Department of Environmental Quality and	d/or the Mississippi Department of Health regulations	and state laws.	
m + 10	•		
1/lichnel tierro	0296 mil.	O Bressie	
Paint No. 100 City	- Titenal	· our	
Print Name of Water Well Contractor and L	icense No. Signature o	f Water Well Contractor	

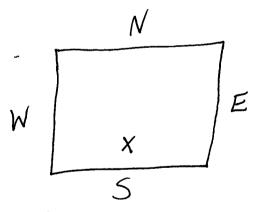
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Description of Formations Encountered	From	To
TOO SOIL	ව	12
Clay	10	30
good Sand	30	90
9		
		T
		<u> </u>
		<u> </u>
		

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

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



Landowner Name Kob Ko

Michael Plesee
Signature of Water Well Contractor

STATE WELL REPORT

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

For Office Use Only:				
Aquifer:	L218			
Well#:	D8 2			
Elevation:	e displace with the first county sensitive magnification of displacement of the set of t			

Driller:

County: _

Permit #:

Date completed: 3-9-05	(601)961-5210 (601)354-6938 (fax)		Elevation:	- wife y a non-consystem with disputable of full recompany when well at four \$10.00	
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 Owner Information		ter executivity was facility of the residence for a company of a company of a column of a	Well Location	A garden with the contract of	
Owner Name: Rob Barnett		Latitude:	Longitude:		
Mailing Address:		Method of Lat/Long (circle one): Conventional Survey.			
Glen Vincent Rd.		USGS quad, Hand-held GPS, Survey-grade GPS			
huudale, M S City State Zip Code		SW 1/4 NE 1/4 Sec 12 Twn 35 Rng 6W			
City State	zap code	Distance I	Direction Nearest T	own	
Telephone No. ()			5 of Agricola ?	Sarton Rd.	
Pump Type Circle one			Power Type Circle one	And the second s	
Air Lift Jet Subn	nersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston Turb	ine	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary Flow	ving Well	Windmill	Other (specify):		
Other (specify):	parameters of the second control of the seco	Horse Power Ratin	ng of Motor:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Date Pump Installed: 3-9-05	gor i nasti a z ri z wienieringrafen genero.	Setting Depth:	.60	feet	
Rated Pump Capacity. / C Gallo	ns Per Minute	Number of Stages:	2		
Pump Test Data	Pump Test Data		ethod of Measuring Wate	r Level	
Date Well Tested: 3-9-05			Circle one	and the second s	
Static Water Level (A): 40 Feet Below Land Surface			Electric Measuring Line	Steel Tape	
Pumping Water Level (B): 45 Feet Below	Land Surface	Other (specify):		Angeles (a.e. (a.e.) (a.e. (a.e.) (a.e. (a.e.) (a.e.) (a.e.) (a.e.) (a.e.)	
Drawdown {(B) - (A)}: 5 Feet Below	V Land Surface		measured shut in head:		
Test Pumping Rate: Gallo	ons Per Minute	Well yielded	10 GPM with	•	
Duration of Pump Test (minimum 4 hours):	hours	5	feet after 4	hours of pumping	
HERERY CERTIFY &		of much mondada.			
HEREBY CERTIFY that the above statements a	are true to the best 0.391	of my knowledge. MCL	hall Rus	ece)	
Print Name of Pump Installer and License No. (if	applicable)	the state of the s	e of Pump Installer	DEOEW/F	
	and the the assessment of the second and the second as th	, an analysis, a coming the state and an analysis of the state of the fill of the state of the s		RECEIVE	

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BY: OLWR