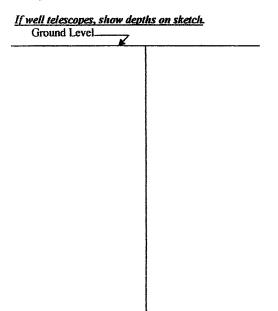
2	State We	Il Donort			
M		ell Report	For Office Use Only:		
County: Areene		riller's Log	Aquifer: 036		
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources				
A 1 1 A		x 10631	Well #:		
Driller Mhy I had	1	39289-0631	L. S. Elevation:		
Date drilling completed: 3 74-11	(601)90	51-5210			
	(601)354-	6938 (fax)	E-log #:		
State Law requires that this report	rt be prepared by the licen	se holder responsible for t	he work and filed with the		
Department at the above address		etion of drilling of the well	or borehole.		
	a 1 1 a Latituda 21 a 2		Longitude 88 71 3		
Owner Name_finny Pa	pren	Method of Lat/Long (circle on	34		
Mailing Address: 3502	Tailing Address 3.50 2 Jon Dim, RA M		e). Conventional Survey,		
Maning Address:		USGS quad, Hand-held GPS, Survey-grade GPS			
D D - 29(// NVS/5		1/10 1/4 5E 1/4 Sec 1/	TWNTZN RNR7L		
Clely 115 37761 SF		SE	New A		
City / Sta	City State Zip Code Distance Direct		Nearest Town of Lookesvilly		
Telephone No. ()					
	Well / Boreho	L D-4-	and a second		
Date drilling started: 3.7- // Date dr	illing completed: 3-7-11	Hole depth: 43	Hole diameter: 4 h		
Location of the source of any surface wate					
Method of dosing and volume of Chloring	e used in drilling and develor	oment:			
Logs run (circle all applicable): No log run Name of organization running log(s):	n Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water W	ell Geotechnical/Geolog	ical Investigation Ground	Source Heat Pump		
	Survey Other (describe)	skip the remainder of this blo	rck		
and the second se					
Purpose of Well (check one): Home	ndustrial Public Supply	_IrrigationFish Culture_	Other:		
If a flowing well, method of flow regulatio	on: Valve Oth	er (describe)			
	bove or below (circle one) lan				
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: <u>45</u> Well grouted to a de	pth of <u>6</u> feet Type of	f grout (circle one): Neat Ceme	ent Bentonite Mix		
Casing length: 40 feet Casin	ng diameter: 7i	inches Type of casing:	UC40		
Casing length: <u>40</u> feet Casin Screen length: <u>5</u> feet Scree	en diameter: 2	inches Type of screen	vi propal		
Screen slot size: 8 inches	Setting depthy Erom	40 fort in U	5 feat		
Type of completion (circle all applicable):	Gravel packed Underrea	amed Telescoped Open l	hole Natural Development		
	Other (describe):				
Top of lap pipe or reduction in casing:	feet If tolog	coped or more than one scree	n. describe on next page		

RECEIVED APR 1 3 2011 BY: OLWR

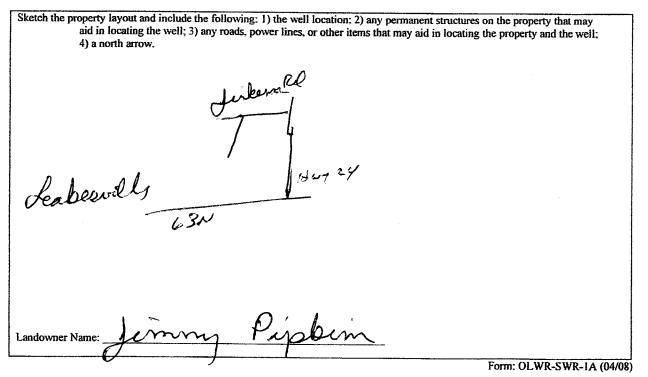
The sketch below only required for water wells



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations	121.
Description of formations encountered must be provided for all	050
wells and boreholes, unless specifically exempted by regulations	

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	3
Raad	3	12
Clan	12	16
ean	16	25
Pla	25	26
Danid	26	43
	1	
		1
	1	

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



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

laws. Tin Pus 1:0408 3.7-11

Print Name of Responsible Licensee and License No.

Signature of Licensee

MichaelKo

APR 1 3 2011 BY: OIL VALE

	STATE W	ELL REPORT	
County Siller Permit #: Driller: M.K. J. C. La. L.	Pump Installer Mississippi Departme Office of Land	Part 2 's Completion Report nt of Environmental Quality and Water Resources	For Office Use Only: Aquifer:
Date completed: <u>3-14-11</u>	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210		Well #:
Copy information from block on Part 1	(601)354-6938 (fax)		
This part of the report must be completed report must be attached and both parts fil	by a licensed water well ed with the Department	contractor or a licensed pump in at the above address within 30 da	nstaller. A copy of Part 1 of the ays of well completion.
Well Owner Information Owner Name: Jerrson Per Mailing Address: 3502 Jer	ion policin 29401 Zip Code	Well Latitude: <u>31 - 09 - 384</u> Method of Lat/Long (check on	Location Longitude: <u>088-42-0</u> 66 he): Conventional Survey, GPS, Survey-grade GPS T <u>Z</u> , R <u>K</u> Nearest Town
Pump Type Circle one Air Lift	Submersible	Ci	wer Type rcle one e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (specify):
Other (specify):		Horse Power Rating of Motor:	
Date Pump Installed: <u>3-14-11</u>		Setting Depth: 35	feet
Rated Pump Capacity: 8-12	Gallons Per Minute	Number of Stages: 2	
Pump Test Data		,	asuring Water Level
	Below Land Surface	Air Line Electric Meas	-
	Below Land Surface Gallons Per Minute	For flowing well, measured sh Well yielded	ut in head:feet GPM with a drawdown of ///hours of pumping
I HEREBY CERTIFY that the above statem	ents are true to the best (f my knowledge	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Michae</u> <u>Regulation</u> <u>Michael</u> <u>August</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Formy OLWR SWB-18 PECENED

APR 1 3 2011 BV: (11 MAR)