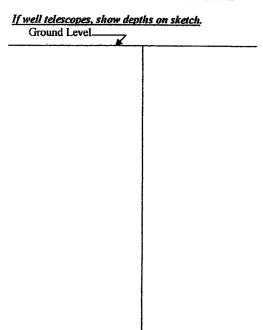
	1 State Well Re	port				
County: - iheene	Part 1 – Driller's Log Mississippi Department of Environmental Quality		For Office Use Only:			
county.			Aquifer: 5 28			
Permit #:	Office of Land and Water					
Driller: Mik & Wash	P.O. Box 230 Jackson, MS 39		Well #:			
$(\lambda + 1)$	(601)961-521		L. S. Elevation:			
Date drilling completed: <u>Y-7-70</u>	(601)961- 5228 (E-log #:			
]					
State Law requires that this report Department at the above address						
Information on Well	Owner		orehole Location			
(Landowner if borehole is not f	for a water well)	. 110 m,49	" Longitude: 38 . 43 , 12			
Owner Name Harry for	er Latitude					
Mailing Address: 2210 Ju	vnu In Method of Lat/Long (circle		ne): Conventional Survey,			
ð	USGS quad, Hand-held		I GPS, Survey-grade GPS			
Mon Po	it M537564 4W	4 <u>GW 1/4 Sec 26</u>	Twn TIN Rng R7			
City Sta	te Zip Code Distanc	e Direction	of Leaberrely			
Telephone No. ()		Miles	or reason .			
•						
23	Well / Borehole Data	-				
Date drilling started: $\frac{9 - 1 - 13}{2}$ Date dr	illing completed: $9 - 1 - 10$ Hol	e depth: <u>105</u>	Hole diameter: 7 1/2			
Location of the source of any surface wat	er used for drilling: $\mathcal{M} \mathcal{S} \mathcal{N}^{\mathcal{C}}$					
Method of dosing and volume of Chlorin	e used in drilling and development:		· · · · · · · · · · · · · · · · · · ·			
Logs run (circle all applicable): No log ru	n Electric Gamma Ray Density	Sonic Neutron	Athor:			
Name of organization running log(s):		Some readon	Ould.			
Purpose of borehole (check one): Water W	ell Geolechnical/Geological Inv	estigation Ground	Source Heat Pump			
Seismic	SurveyOther (describe)					
If drilling is not related	to water well construction, skip th	<u>e remainder of this bl</u>	ock			
Purpose of Well (check one): Home	ndustrial Public Supply Irrig	ation Fish Culture	Other:			
If a flowing well, method of flow regulation						
Static Water Level: 6 feet al	Static Water Level:feet above or below (circle one) land surface Date measured:					
Method of Measurement (circle one) st	teel tape electric tape air	ine other:				
Well depth: $\frac{0.5}{10.5}$ Well grouted to a de	4					
Casing length: <u>95</u> feet Casin	•	•	/			
Screen length: <u>10</u> feet Scree						
Screen slot size: inches		feet to				
Type of completion (circle all applicable):	Gravel packed Underreamed	Telescoped Open	hole Natural Development			
	Other (describe):					
Top of lap pipe or reduction in casing:	feet. If telescoped of	o <u>r more than one scre</u>	<u>en, describe on next page</u>			
			Form: OLWR-SWR-1A (0			

RECEMED Oct 15 2010 BY: OLWAR

The sketch below only required for water wells

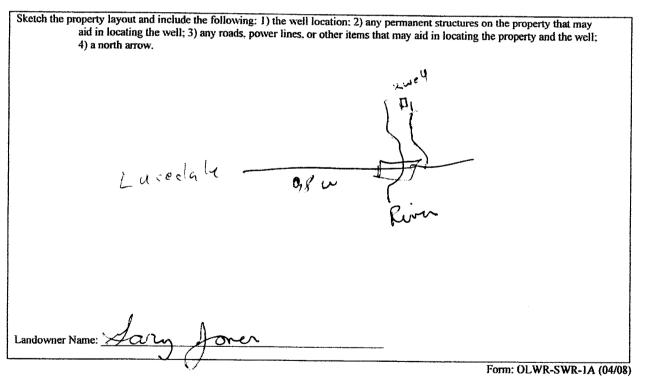
 $\mathbf{x}^{\mathbf{I}}$



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations					
	CALINDICU DY IELI	<u>erunons</u>			
Description of Formations Encountered	From (depth)	To (depth)			
	Ground Level				
Rampl	0	2			
- Cla	2	12			
eand	17	20			
Clan	20	21			
nand	21	46			
Clas	46	56			
fine dand	.56	72			

(lan	46	56
tim band	.56	72
fine fand	72	56 72 105
	1	
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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

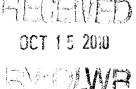
Date

laws. Tx1204089-1-10 Gaic

Print Name of Responsible Licensee and License No.

Signature of Licensee

528



STATE WELL REPORT						
County: <u>Scene</u> Permit #: Driller: <u>Miked Wash</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer:			
Date completed: 9-10-10	P.O. Box 2309 Jackson, MS 39225		Well #:			
Copy information from block on Part 1)961-5210 51-5228 (fax)	Elevation:			
This part of the report must be completed	by a licensed water well	contractor or a licensed pump i	nstaller. A copy of Part 1 of the			
report must be attached and both parts file Well Owner Informat	at the above address within 30 d					
		Latitude:Longitude:				
Owner Name: Nory Joner Mailing Address: 22101 Jon In		Method of Lat/Long (check one): Conventional Survey,				
	1 01	USGS quad, Hand-held	GPS, Survey-grade GPS			
Mon Point M339.56 Y City State Zip Code		1/4 1/4 Sec 29 TTIN R 127W				
City State	Zip Code	Distance Direction	Nearest Town			
Telephone No. ()	<u> </u>	<u>10</u> Miles <u>S</u> o	Eleakunk.			
Pump Type		Power Type				
Circle one			ircle one			
Air Lift Jet	Submersible		e Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well		specify):			
Other (specify):	12	Horse Power Rating of Motor:				
Date Pump Installed: <u>9 - 10 -</u>		Setting Depth:feet				
Rated Pump Capacity: <u>19</u>	Gallons Per Minute	Number of Stages:?				
Pump Test Data Date Well Tested: $9 - 10 - 10$	6		asuring Water Level ircle one			
/	Below Land Surface	Air Line Electric Meas	suring Line Steel Tape			
Pumping Water Level (B): <u>26</u> Feet H		Other (specify):				
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate:30	Gallons Per Minute	Well yielded GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	hours	feet after	1 1/L_hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Michael R Foutagle 0408</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						

Form: OLWR-SWR-1B (04/08)

RECEIVED OCT 1 5 2010 BY: OLWR