State We	Il Report
County: Blenk Part 1 - Dr	
Permit # $O - 780$ Mississippi Department o	f Environmental Quality   Aquifer:
Office of Land and	Water Resources TIS
	20200 0621
Date drilling completed: <u>12-31-07</u> (601)96	
(601)354-6	5938 (fax) E-log #:
State Law requires that this report be prepared by the licens Department at the above address within 30 days of complete Information on Well Owners	se holder responsible for the work and filed with the
and diation on well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	
Owner Name_ ANDION CORGINA	atitude: $\frac{68}{32} \cdot \frac{37}{390}$ "Longitude: $\frac{31 \cdot 01}{539} \cdot \frac{539}{32}$
Mailing Address: 2379 Hoy 63 Would M	fethod of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS Survey-grade GPS
A	USGS quad, Hend-held GPS, Survey-grade GPS
<u>Laksuille, Mr 39450</u> City State Zip Code	
•	istance Direction Nearest Town Miles <u>Miles</u> of <u>use doly us</u>
Telephone No. (238) 623 - 2408	Miles Ma of Lundaly us
Well / Borehol	a Data
Date drilling started: 12-28-07 Date drilling completed: 12-31-07	Hole depth: 85 Hole diameter: 4
Location of the source of any surface water used for drilling: <u>Acque</u> Method of dosing and volume of Chlorine used in drilling and developm	la us nent: 19al chlori 2000 Water
Logs run (circle all applicable): No log run Electric Gamma Ray D Name of organization running log(s):	ensity Sonic Neutron Other:
Purpose of borehole (check one): Water WellGeotechnical/Geologic	al Investigation Ground Source Heat Pump
Seismic SurveyOther (describe) If drilling is not related to water well construction, si	kip the remainder of this block
Purpose of Well (check one): HomeIndustrial Public Supply	
If a flowing well, method of flow regulation: Valve Other	
Static Water Level: feet above or below (circle one) land	
Method of Measurement (circle one) steel tape electric tape	
Well depth: <u>85</u> Well grouted to a depth of <u>10</u> feet Type of g	
Casing length: <u>75</u> feet Casing diameter: <u>4</u> in	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> in	•
Screen slot size: inches Setting depth: From 10	
Type of completion (circle all applicable): Gravel packed Underream	seven 75 coord ned Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing:feet. If telesco	

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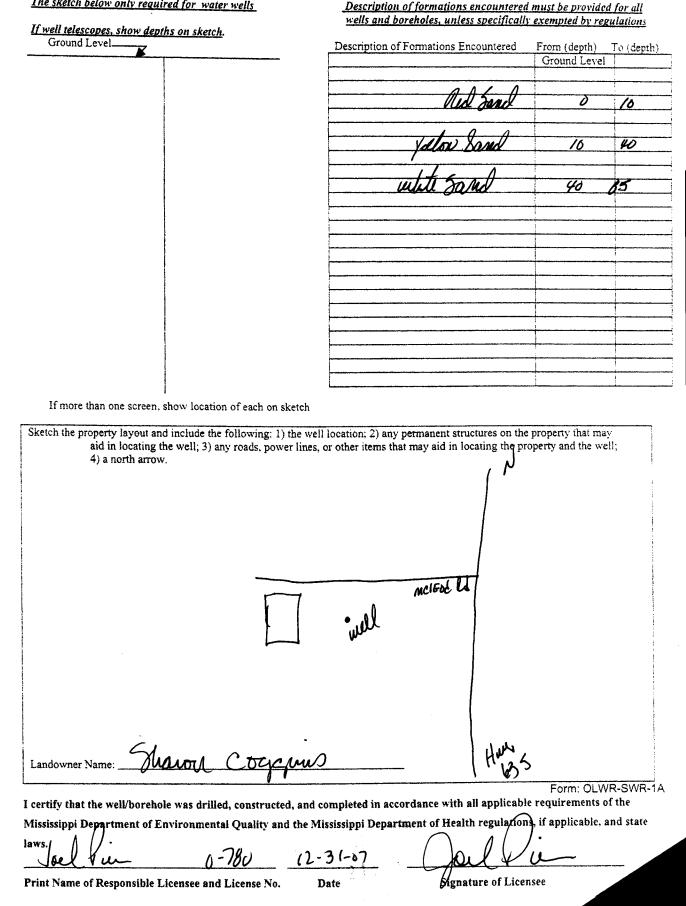
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Form: OLWR-SWR-1A

T-65

The sketch below only required for water wells



Corv information from block on Part 1         (601)353-6938 (tax)         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part is report must be datached and both parts filed with the Department at the above address within 30 days of well completion.         Well Owner Information         Owner Name:	RT	STATE WELL REPOR	1
Permit #: $D = 780$ Pump Installer's Completion Report         Mississipi Department of Growmental Quality       Aquifer:         Driller: $U. 3 \subseteq P P r r e \in D$ Prove Point Resources         Date completed: $[2-3]-07$ Correlation Mississipi Department of Growmental Quality         Correlationation from block on Part I       Increased pump installer. A copy of Part I         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I       Elevation:         Owner Name:       Well Owner Information       Well Department at the above address within 30 abre of ell completion.         Well Owner Information       Well Owner Name:       Mult M. T. (K & D.)         Well Owner Name:       Mult M. (M.) 39450       City         City       State       Zip Code         Telephone No.       Mailing Address:       D 3 2 - 2408         Vell prove       City       State       Zip Code         Pump Type       City       State       Disence       Direction         City       State       Submersible       Diesel Engine       Gasoline Engine       Natu         Bucket       Piston       Turbine       Diesel Engine       Gasoline Engine       Natu         Date Pump Installed:       12 - 31-07	En Office Han Only	Part 2	Energe
Office of Land and Water Resources         Dr. Box 10631         Jackson, MS 39289-0631         Well Contractor or a licensed pump installer. A copy of Parl 1         Jackson, MS 3928-0631         Well Jong Jackson, MS 39289-0631         Well Jong Jackson, MS 39289-0631         Well Jong Jackson, MS 3928-0631         Well Jong Jackson, MS 3928-0631         Jack Jack Jack Jack Jack Jack Jack Jack	ort	Pump Installer's Completion Repo	
Driller: U. S CE ( F1Cr C e)       P.O. Box 10631         Date completed:       J2-3/-07         Corr information       (601)951-5210         Corr information       (601)951-5210         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part J report must be attached and both parts filed with the Department at the above address within 30 days of well completion.         Well Wreer Information       Well Wreer Information         Owner Name:       JAA/ADTA (275744)         Mailing Address:       7 3 79         City       State         City       State         City       State         City       State         City       State         City       State         Distance       Direction         Nearcest Town         La       Miles         Mailing Address:       Pamp Type         City       State         City       State         Distance       Direction         Nearcest Town       La         Mailing Address:       Pamp Type         City       State         City       State         Distance       Direction         Number of Stages:	Aquifer:	Mississippi Department of Environmental	
Date completed: $[2-3]-0^{-1}$ (601)961-5210       Elevation:         Correct information from block on Part I       (601)954-6938 (fax)       Elevation:			Driller: W. Jce / Flerce
Core information from block on Part I       (601)334-9938 (fax)         Elevation:	Well#:		Date completed: 12-31-07
Considermaliant lines based on Part 1         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1         The part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1         Well Conternation         Well Owner Information         Well Owner Information         Owner Name:         Alg 101         Method of Lat/Long (check one): Conventional Survey-grade G         Convertional Survey-grade G         Of Method of Lat/Long (check one): Conventional Survey-grade G         Of Method of Lat/Long (check one): Conventional Survey-grade G         Of Method of Stages: T // R (G ON         The part of the report must be completed by a licensed water well contractor or a licensed pump installed in the above address within 30 days of well completion.         Control Contention         Contention         Contention         Ontention       Nearest Town	Elevation:		
report must be attached and both parts filed with the Department at the above address within 31 days of well completion.         Well Owner Information         Owner Name:         Mailing Address:       21 07         Mailing Address:       2 0 Colspan="2">Conventional Survey         Mailing Address:       10 // Method of Lav/Long (check one): Conventional Survey         USOS quad Hand-held GPS Survey-grade Colspan="2">Conventional Survey         Convertional Survey         Convertional Survey         Distance       Distance       Distance       Distance       Distance       Distance       Distance       Distance       Distance       Distan			
Well Downer Information         Mailing Address: 7 3 79       Http:///////////////////////////////////	ensed pump installer. A copy of Part 1 of the ss within 30 days of well completion.	by a licensed water well contractor or a licer ad with the Department at the above address	This part of the report must be completed report must be attached and both parts fil
Mailing Address: $)$	Well Location	ion .	
USGS quad, Hand-held GPS, Survey-grade G $(able b)$ $(bble b)$ <	32 340 Longitude: 3/ 0/ 539	Equil Latitude: 88	Owner Name: ANNON Co
Late       39450         City       State       Zip Code         Telephone No. (2.3), 62.3 - 240.8       IM       V. ME       V. Sec.25       T. IN       R. 6       No         Pump Type       Distance       Direction       Nearest Town       No			Mailing Address: ) 3 79 Hz
City       State       Zip Code         Distance       Direction       Nearest Town $I = 0$ Miles $I = 0$ Pump Type       Circle one $I = 0$ Air Lift       Jet       Submersible       Disel Engine       Gasoline Engine       Nature         Bucket       Piston       Turbine       Electric Motor       Hand       Tractor         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	_, Hand-held GPS, Survey-grade GPS	USGS quad	
DistanceDirectionNearest TownTelephone No. $(\underline{P-B})$ , $\underline{623} - \overline{2408}$ DistanceDirectionNearest Town $\underline{I}$ DirectionNearest Town $\underline{I}$ DirectionNearest Town $\underline{I}$ MilesDirectionNearest Town $\underline{I}$ Miles $\underline{I}$ Miles $\underline{I}$ Miles $\underline{I}$ Pump Type Circle oneCircle oneNatureBucketPistonTurbineDiesel EngineGasoline EngineNatureBucketPistonTurbineTelectric MotorHandTractBute VisionTotic Totic Nearest TownDiston TurbineDiesel EngineGasoline EngineNatureDate Vision TurbineHorise Power Rating of Motor: $\underline{I}$ Date Pump Installed: $\underline{I2 - 3I - 0.7}$ Setting Depth: $\underline{I0 - 3I - 0.7}$	- 1/4 Sec 25 T/N R 6 W		Carlsstally no
Pump Type Circle one       Power Type Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	, /	Distance	City 'State
Circle one       Circle one         Air Lift       Jet       Submersible       Diesel Engine       Gasoline Engine       Nature         Bucket       Piston       Turbine       Electric Motor       Hand       Tracter         Bucket       Piston       Turbine       Electric Motor       Hand       Tracter         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	NW of Lundale as	<u>}</u> Miles	Telephone No. (23) 623 - 2402
Circle one       Circle one         Air Lift       Jet       Submersible       Diesel Engine       Gasoline Engine       Nature         Bucket       Piston       Turbine       Electric Motor       Hand       Tracter         Bucket       Piston       Turbine       Electric Motor       Hand       Tracter         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	Dower Tune		
An Ent       An Ent       Outputstory         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	• •		
Daket       Fisch       Fisch <td< td=""><td>Gasoline Engine Natural Gas</td><td>Submersible Diesel Engine</td><td>Air Lift Jet /</td></td<>	Gasoline Engine Natural Gas	Submersible Diesel Engine	Air Lift Jet /
Other (specify):	Hand Tractor PTO	Turbine Electric Motor	Bucket Piston
Date Pump Installed:       12-31-07         Rated Pump Capacity:       20       Gallons Per Minute         Pump Test Data       Method of Measuring Water Level         Circle one       Circle one         Date Well Tested:       12-31-07         Static Water Level (A):       3         Feet Below Land Surface       Feet Below Land Surface         Drawdown [(B) - (A)]:       2         Test Pumping Rate:       20         Gallons Per Minute       Well yielded         20       Gallons Per Minute	Other (specify):		Centrifugal Rotary
Rated Pump Capacity:       2.0       Gallons Per Minute       Number of Stages:       10         Pump Test Data       Method of Measuring Water Level       Circle one         Date Well Tested:       12-31-07       Arr Lino       Electric Measuring Line       Steel         Static Water Level (A):       3       Feet Below Land Surface       Other (specify):       Other (specify):         Pumping Water Level (B):       40       Feet Below Land Surface       For flowing well, measured shut in head:       Image: Construction of the second stage in	ating of Motor:	Horse Power Rat	Other (specify):
Pump Test Data       Method of Measuring Water Level         Date Well Tested:       12-31-07         Static Water Level (A):       3         Feet Below Land Surface       Circle one         Pumping Water Level (B):       40         Feet Below Land Surface       Other (specify):         Drawdown [(B) - (A)]:       2         Feet Below Land Surface       For flowing well, measured shut in head:         Test Pumping Rate:       20         Gallons Per Minute       Well yielded	40 day full feet	Setting Depth:	Date Pump Installed: 12-31-07
Date Well Tested:       12-3/-07         Static Water Level (A):       3         Feet Below Land Surface       Electric Measuring Line         Pumping Water Level (B):       40         Feet Below Land Surface       Other (specify):         Drawdown [(B) - (A)]:       2         Feet Below Land Surface       For flowing well, measured shut in head:         Test Pumping Rate:       20         Gallons Per Minute       Well yielded	jes: /0	Gallons Per Minute Number of Stage	Rated Pump Capacity: 20
Date Well Tested:       12-3/-07         Static Water Level (A):       3         Feet Below Land Surface         Pumping Water Level (B):       40         Feet Below Land Surface         Drawdown [(B) - (A)]:       2         Feet Below Land Surface         Test Pumping Rate:       20         Gallons Per Minute    Well yielded          20       GPM with a drawdow	Method of Measuring Water Level	M	Pump Test Data
Static Water Level (A):       3       Feet Below Land Surface         Pumping Water Level (B):       40       Feet Below Land Surface         Drawdown [(B) - (A)]:       2       Feet Below Land Surface         Test Pumping Rate:       20       Gallons Per Minute	Circle one		Data Wall Tested: 12-31-07
Pumping Water Level (B):Feet Below Land Surface       Other (specify):         Drawdown [(B) - (A)]:Feet Below Land Surface       For flowing well, measured shut in head:         Test Pumping Rate:Gallons Per Minute       Well yieldedGPM with a drawdow	Electric Measuring Line Steel Tape	AirLine	_
Pumping Water Level (B): Feet Below Land Surface         Drawdown [(B) - (A)]: Feet Below Land Surface         Test Pumping Rate: Gallons Per Minute    Well yielded GPM with a drawdow	;	Other (specify):	
Test Pumping Rate: 20 Gallons Per Minute Well yielded 20 GPM with a drawdow		Below Land Surface	Pumping Water Level (B): <u>40</u> Feet
			Drawdown [(B) - (A)]:Fee
Duration of Pump Test (minimum 4 hours): <u>48</u> hours <u>2</u> feet after <u>48</u> hours of p		_	Test Pumping Rate: 20
	feet afterHours of pumping	<u> </u>	Duration of Pump Test (minimum 4 hours)
	<u> </u>	~	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Print Name of Pump Installer and License No. (if applicable) // Signature of Pump Installer	XILLI		

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Form: OLWR-SWR-1B