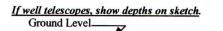
D				
State V	Vell Report			
	Driller's Log For Office Use Only:			
Mississippi Department	nt of Environmental Quality Aquifer:			
	and Water Resources New 10621 Well #: 6-153			
Driller / / la S	B0X 10031			
	MS 39289-0631)961-5210			
	54-6938 (fax) E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	cense holder responsible for the work and filed with the poletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latituda 3/ 000 2710 Langituda 8821 1 4 0			
Owner Name Ricky Havard	Latitude 3/ 00,271 Longitude 08836 116" Method of Lat/Long (circle one): Conventional Survey, 07			
Mailing Address: 1137 Leros Havord Ra				
	USGS quad, Hand-held GPS, Survey-grade GPS			
Sucedal M3 39452	NW 1/4 SW 1/4 Sec 5 Twn / 18 Rng RGL			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	<u>Y</u> Miles N of decodal			
Telephone No. ()				
Well / Bore	ehole Data			
Date drilling started: $5 - 15 - 08$ Date drilling completed: $5 - 15 - 08$ Hole depth: 105 Hole diameter: $7/2$				
Location of the source of any surface water used for drilling: \mathcal{NONE} Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):				
Purpose of borehole (check one): Water Well Ceotechnical/Geol	logical Investigation Ground Source Heat Pump			
Seismic Survey Other (<i>describe</i>)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 80 feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: <u>95</u> feet Casing diameter: <u>24</u> inches Type of casing: <u>1000000000000000000000000000000000000</u>				
Screen length: <u>/b</u> feet Screen diameter: <u>24</u> Screen slot size: <u>/b</u> inches Setting depth: From _	inches Type of screen: PUC unaged			
Screen slot size: $\cancel{0}$ inches Setting depth: From _	95 feet to 185 feet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tel				
	Form: OLWR-SWR-1A			

* .

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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 Description of Formations Encountered From (depth) To (depth) Ground Level mon

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) a north arrow. 98 Beaver Dam He \Box well Denlon Pert Fe tavard Landowner Name: Form: OLWR-SWR-1A

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

laws. +4Fog/20408 5-15-08 Micke

Print Name of Responsible Licensee and License No.

Signature of Licensee

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7 				
France	STATE W	ELL REPORT		
County: Decent CX	Part 2		For Office Use Only:	
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aquifer:	
Driller: Mike + Wade	Office of Land and Water Resources P.O. Box 10631			
Date completed: 5-19-08	Jackson, MS 39289-0631		Well #: <u>E-153</u>	
Copy information from block on Part 1	(601)961-5210 (601)354-6938 (fax)		Elevation: T81	
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the				
report must be attached and both parts file Well Owner Informati			ys of well completion.	
Owner Name: Richy Ha				
			-	
Mailing Address: 1/37 Leroy	Hanne Ko Method of Lat/Long (check on			
			GPS <u>/</u> , Survey-grade GPS	
ducedat 11	<u>L 11/5 39452</u> <u>State Zip Code</u> <u>4 4 Sec 5</u>		THR RROW	
Chy State	Zip Code Jistance Direction		Nearest Town	
Telephone No. ()			ducidan	
Pump Type Circle one			rer Type vle one	
	\frown			
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: 5-19-0	>8	Setting Depth: / 0 feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data	· · · · · · · · · · · · · · · · · · ·		suring Water Level cle one	
Date Well Tested:	·			
Static Water Level (A):Feet E	Below Land Surface Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): 90 Feet B	elow Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet B	elow Land Surface	For flowing well, measured shu	t in head: feet	
10	Gallons Per Minute Well yielded 17 GPM with a drawdown of			
	())			
Duration of Pump Test (minimum 4 hours): _	<u> </u>	<u> </u>	nours of pumping	
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				
Find value of Fully instance and Elective No. (II applicable) Signature of Fully instance (Find) OLWR-SWR-1B				

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