ΔΙ	State Well Report	For Office Use Only:
county: Mancock	Part 1 – <b>Driller's Log</b> Mississippi Department of Environmental	
Permit #:	Office of Land and Water Resource	
Driller: MCaiol Will	P.O. Box 10631	
Date drilling completed:7-20.07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:
Department at the above address w Information on Well Ow (Landowner if borehole is not for Dwner Name Mot Out Own Mailing Address: 8120 Down Paupide 4 City State Telephone No. (208) 467-5	a water well) nortt DCK DCK Authod of Lat/Lon USGS quad,  USGS quad,  Distance I	f the well or borehole.    Well or Borehole Location
Name of organization running log(s):	Electric Gamma Ray Density Sonic 1	
If drilling is not related to	o water well construction, skip the remainde	
	Valve Other (describe)	
Static Water Level:feet abo Method of Measurement (circle one)stee	ve or below (orrele one) land surface Date :	measured: <u>7 - 20 - 07</u>
	th of $\square$ feet Type of grout (circle one)	
Casing length: <u>110</u> feet Casing		f casing: $\frac{\Psi V \cup}{\Omega + \Lambda}$
Screen length: <u>10</u> feet Screen		Screen: $\underline{PVC}$
Screen slot size:	Setting depth: From 10 feet	to 20 feet
	Gravel packed Underreamed Telescope	•
	Other (describe):	······································
Top of lap pipe or reduction in casing:	feet. If telescoped or more that	<u>n one screen, describe on next page</u>
		Form: OLWR-SWF
		· · · · · · · · · · · · · · · · · · ·
		JAN 2 2 2008
		BY: OLWR

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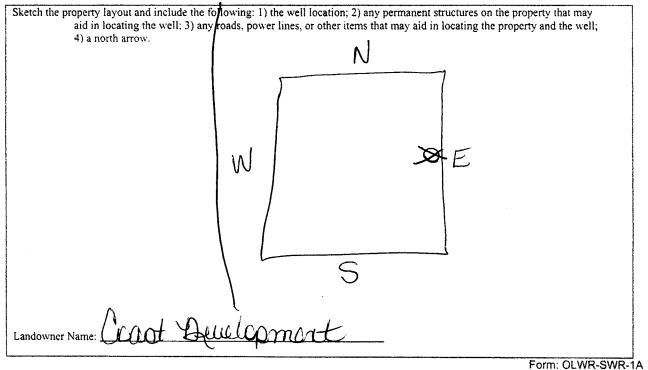
## 4-558

## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level\_\_\_\_\_ Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

on skelln.	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	
	MuD	<u> </u>	20
	SAND	20	
	<u>B.CIHY</u>	40	-/20
	SHIVE	40	lau
	·····		
			+
			1
			+
			+
			+
			+
	L		

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

Knbert Nechise,  $\bigcirc$  lolo O

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Print Name of Responsible Licensee and License No.

Date

Signature of Licens RECEIVED

JAN 2 2 2008 BY: OLWR

County: Permit #: Driller: Driller: Date completed: 17-17-07 Copy information from block on Part 1	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 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #:	
This part of the report must be completed report must be attached and both parts fill Well Owner Informate Owner Name: OOOF HU Mailing Address: 8/20 City City State Telephone No. () H07-5	ed with the Department a	t the above address within 30 d Wel Latitude: Method of Lat/Long (check or	ays of well completion.    Il Location	
Pump Type Circle one    Air Lift  Jet    Bucket  Piston    Centrifugal  Rotary    Other (specify):	Submersible Turbine Flowing Weil OT Gallons Per Minute	C Dicsel Engine Gasolin Electric Motor Hand Windmill Other		
Pump Test Data    Date Well Tested:		Method of Measuring Water Level Circle one    Air Line  Electric Measuring Line  Steel Tape    Other (specify):		
I HEREBY CERTIFY that the above staten Robert A Print Name of Pump Installer and License M	0-660	Signature of Pump In	nstaller Form: OLWR-SWR RECEIVED	

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