County: UdamCOCK Permit #:	oletion of drilling of the well Well or Bo	For Office Use Onty: Aquifer: Well #: 595 L. S. Elevation: E-log #: the work and filed with the or borehole. rehole Location " Longitude:"	
Owner Name <u>Prucinin Winmon</u> Mailing Address: <u>1021 W. Berton</u> <u>Bay St Rolling J, MS</u> City <u>State</u> Zip Code Telephone No. (877) LOD - 4087	Method of Lat/Long (circle on USGS quad, Hand-held ¼ ¼ Sec Distance Direction Miles	e): Conventional Survey, GPS, Survey-grade GPS 	
Well / Borehole Data Date drilling started: 10-10-07 Date drilling completed: 10-10-07 Hole depth: 130 Hole diameter: 4 Location of the source of any surface water used for drilling: 2000000 Courty Water & Super Method of dosing and volume of Chlorine used in drilling and development: Location of the source of any surface water used for drilling: 2000000 Courty Water & Super Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (check one): Water Well			
Seismic Survey_Other (describe)			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page			

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BY: OLWP

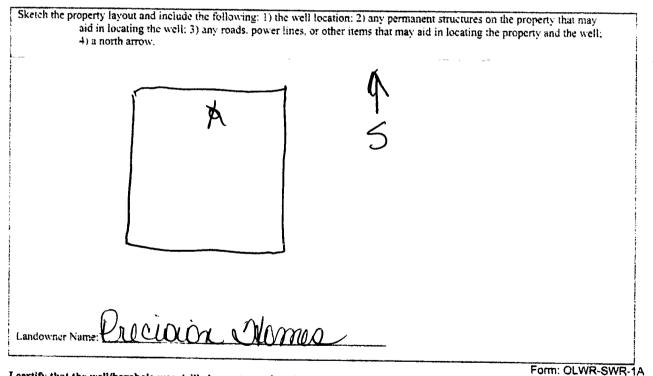
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_

Description of formations encountered must be provided wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
MUL	0	20
SAND	70	60
BCAR	60	100
SANN	TOO	130
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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

60-10-10-07 Date

Print Name of Responsible Licensec and License No.

Signature of Licensee JAN 2 2 2008

BY: OLWR

ED

STATE WELL REPORT		
Permit #: Mississippi Driller: <u>NECHIGE</u> Will Date completed: <u>10-70-07</u> <u>Conv information from block on Part 1</u> This part of the report must be completed by a licensed	Part 2 Installer's Completion Report Department of Environmental Quality ce of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Water well contractor or a licensed pump installer. A copy of Part 1 of the	
	partment at the above address within 30 days of well completion. Well Location	
Owner Name: P. R. Cipion Some	Latitude:Longitude:	
Mailing Address: 102141 Button		
Eiry State Zip Co Telephone No. (877) 600-4037	USGS quad, Hand-held GPS, Survey-grade GPS 	
Pump Type Circle one	Power Type Circle onc	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing We	Il Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 10-20 - 07	Setting Depth: 40 feet	
Rated Pump Capacity:Gallons Per N	ainute Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one	
Static Water Level (A): Feet Below Land S	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land S	Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land S		
Test Pumping Rate:Gallons Per M		
Duration of Pump Test (minimum 4 hours):		
LHEREBY CERTIFY that the above statements are true to <u>KOPETET NECAKE</u> <u>O</u> <u>660</u> Print Name of Pump Installer and License No. (if applicated)	Cohet Comen	

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