	State Well Report				
	unty: Mancoch Part 1 - Driller's Log				
Permit #: Office of Land and Water Resources		Aquifer:			
P.O. E	P.O. Box 10631				
	IS 39289-0631 061-5210	L. S. Elevation:			
Date drilling completed: 1 (601) (601)354	Date drilling completed: 1-9-08 (601)961-5210 (601)354-6938 (fax)				
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.					
Information on Well Owner		orehole Location			
(Landowner if borehole is not for a water well)	IT atitude: ° '	" Longitude: • , "			
(Landowner if borehole is not for a water well) Owner Name GUL Stran Auster Well)	Method of Lat/Long (circle or	ne): Conventional Survey,			
Mailing Address: [135 10. Officien St	USGS quad, Hand-held	GPS, Survey-grade GPS			
Bay St Jours MS 4_ 4 sec 6_ Twn 9 58 Rng/		Twn			
City State Zip Code Distance Direction Wearest own		of CHK5340K5			
Telephone No. (339, 549-7718					
Well / Borehole Data					
Date drilling started: $1-9-08$ Date drilling completed: $1-9-08$ Hole depth: 120 Hole diameter:					
Location of the source of any surface water used for drilling: <u>Domoth Cty Water & Source</u> 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:					
Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological 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): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 12 feet above or below (circle one) land surface Date measured: 1-9-08					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 120 Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>110</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>					
Screen length: 10_feet Screen diameter:inches Type of screen:PVC					
Screen slot size: 1006 inches Setting depth: From 110 feet to 120 feet					
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 or more than one screen, describe on next page					
Form: OLWR-SWR-1/					

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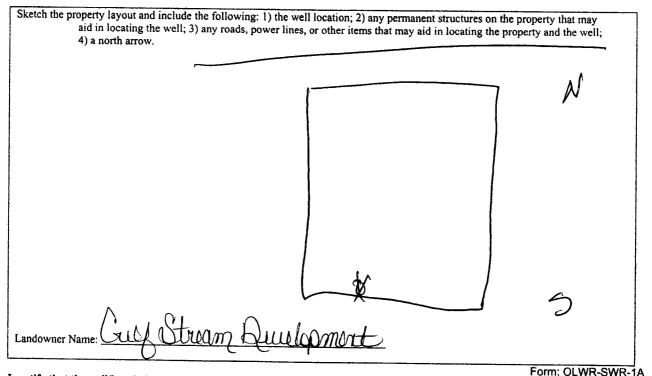
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_

aepins on skeich.			
¥	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	
	MUD	0	30
	SAND	30	100
	BILECIAY	60	100
	SAND	100	120
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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

laws. <u>se 0-660 1-9-08</u> Rober Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT			
Permit #: Mississipp Driller: <u>Newise Vell Service</u> Date completed: <u>1-23-08</u> <u>Copy information from block on Part 1</u>	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)		
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 filed with the Department at the above address within 30 days of well completion.			
Well Owner Information Owner Name: GIGS Stroom Quicker Mailing Address: (0135 4), OFFILIER	has. Method of Lat/Long (check one): Conventional Survey,		
Drug St do(uo) MS USGS quad, Hand-held GPS, Survey-gra City State Zip Code 14 14 Sec_(l_T_9R_4) Distance Direction Nearest Town 2 Miles N			
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersibl	e Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing W	Vell Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:/		
Date Pump Installed:	Setting Depth:JOfeet Minute Number of Stages:/		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape Surface Other (specify):		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Refert Neculse</u> O-UCO Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-1B RECEIV			

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