| State Well Report Part 1  Permit #: D339  Defice of Land and Water Resources P.O. Box 10631  Jackson, MS 39289-0631  (601)961-5210  (601)354-6938 (fax)  State Law requires that this report be prepared by the driller in detail and filed with the Department within  Well Owner Information Owner Name BARING State  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude:   |
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| 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)  State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.  Well Owner Information  Well Owner Information  Well Location  Latitude: "Longitude: "Longitude: "  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Longitude: "  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, GPS  Latitude: "Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, GPS  |
| Date drilling completed: DTD/US  Jackson, MS 39289-0631  (601)961-5210 (601)354-6938 (fax)  State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.  Well Owner Information  Owner Name Backer Sharper  Mailing Address: 332/2 Mennunite Ad.  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Lift State Zip Code  Distance Direction Nearest Town  Telephone No. 228 831 - 9344   |
| Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)  State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.  Well Owner Information Owner Name Bakkaw Shape Memorite M |
| State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.  Well Owner Information  Owner Name Balbar Shape Adverse 33212 Mennwite  |
| Well Owner Information  Owner Name Barbara State  Mailing Address: 33212 Mennunite Ad.  Well Location  Latitude:   |
| Well Owner Information  Owner Name Barbare State  Mailing Address: 33212 Mennunite Ad.  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Latitude:   |
| Mailing Address: 33213 Menninite Pd.  Wethod of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver State Zip Code  Telephone No. 228 831 - 9346  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long (circle one): Conventional Survey,  Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  Liver Long Long Long Long Long Long Long Long  |
| USGS quad, Hand-held GPS, Survey-grade GPS  Lity State Zip Code  Telephone No. 228, 831-9346  USGS quad, Hand-held GPS, Survey-grade GPS  Lity State Zip Code  Distance Direction Nearest Town  Lity of Code   |
| City   State   Zip Code   Distance   Direction   Nearest Town   Telephone No.   228   831 - 9346     C   Miles   C   Of   C   Miles   C   Of   C   Miles   Miles   C   Of   C   Miles   C   Of   C   Miles   Miles   C   Of   C   C      |
| Telephone No. 238 831 - 9346  Telephone No. 228 Miles Direction Nearest Town  City State Zip Code  Distance Direction Nearest Town  C Miles Of Column  |
| Telephone No. 228 831-9346  Distance Direction Nearest Town  C Miles C of C  |
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| . Well Data  |
| Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:   |
| Date well drilling started: 09/09/05 Date well drilling completed: 07/12/05  |
| If flowing, method of flow regulation: Valve Other (describe)  |
| Static Water Level:feet above or below (circle one) land surface Date measured:  |
| Method of Measurement (circle one) steel tape electric tape air line other:  |
| Hole depth: 440 Well depth: 440 Well grouted to a depth of 70 feet   |
| Type of grout (circle one): Cement Bentonite Mix   |
| Casing length: 420 feet Casing diameter: 2 inches Type of casing: Pic  |
| Screen length: 30 feet Screen diameter: 3 inches Type of screen: PVC   |
| Screen slot size: ret b inches Setting depth: From 400 feet to 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 back of page   |
| Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:   |
| Name of organization running log(s):  I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi  |
| Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.  |
| MEGILL PLANE & WELL DA39 Muchal Misin Son AUG 1: 2005  |
| Print Name of Water Well Contractor and License No.  Signature of Water Well Contractor  |

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| Ground Level |  |  |  |  |  |  |  |  |
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| Description of Formations Encountered | From     | То           |
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| Sino ( My)                            | 40       | 80           |
| Sano ( WHAT)                          | 80       | 140          |
| Mus ( Bive)                           | 140      | 380          |
| SANO (BILE)                           | 380      | 44°C         |
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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) indicate direction.

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Landowner Name: Barbara Welntyre

RECEIVED

BY: OLWR

## STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 Elevation: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Latitude: \_Longitude;\_ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Pump Type Power Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Moto Tractor PTO Hand Centrifugal Rotary Flowing Well Windmill Other (specify): \_ Other (specify): \_ Horse Power Rating of Motor: Date Pump Installed: Setting Depth: \_ Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Electric Measuring Line Air Line Feet Below Land Surface Other (specify): \_ Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute GPM with a drawdown of Well yielded

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Duration of Pump Test (minimum 4 hours): \_

0239

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hours of pumping