il	State Well	Report	
County: talison	Part 1		For Office Use Only:
Permit #:	Mississippi Department of E	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources		Aquifer: Well #: H-566
Driller: henan	P.O. Box 1		Well #:
Date drilling completed: 5/4/07	Jackson, MS 39 (601)961-5		L. S. Elevation:
///	(601)354-693	8 (fax)	E-log #:
State Law requires that this nor			
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the drille	er in detail and filed w	ith the Department within
Well Owner Inform	ation	Well	Location
Owner Name Harrison Count	to schools		
		tude:''	" Longitude:°'
Mailing Address: 1072 Hwy 1	19 Guttport Met	hod of Lat/Long (circle on	e): Conventional Survey,
3450 3			
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS	
but port M	7 34303	_14 14 Sec 19	_Twn <u>65</u> Rng 96
City St	ate Zip Code		
Telephone No. (228) 539_65	08 Dist	ance Direction Miles	Nearest Town
	Well Data		
Purpose of Well (circle one) Home Inc		ation Fish Culture	Other: CONSTRUCTION
Date well drilling started: <u>\$14/07</u>	····		Line Construction
	Date well di	illing completed: $\underline{D/2}$	4101
If flowing, method of flow regulation: Va	live Other (describ	e)	
Static Water Level: <u>122</u> feet al	bove or below (circle one) land an	rfood Date man	SILLAD
Method of Mergurene (stat	(encic one) faile se	mace Date measured:_	0/4/01
Method of Measurement (circle one) s	teel tape electric tape	air line other:	
Hole depth: 410 Well de	pth: <u>395</u> we	ell grouted to a depth of	15
Type of grout (circle one): Cement	Bantonite	Broaton to a deput of	15 RECEIV
	Bentonite Mix		IEUEIV
Casing length: <u>375</u> feet Casi	ng diameter		Alla Alla
Screen length: 20 feet Scree		, r = = , , , , , , , , , , , , , , , ,	- Marine Col
	~n drameter: <u>~</u> inch	nes Type of screen:	Sawar Olin
Screen slot size:	Setting depth: From 3) <u>5</u> feet to ,3	95 feet
Type of completion (circle all applicable):	Gravel nacked II-down	T-1.	
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If telescon	ed or more than and	
LOPS TIM (circle all applicable)		we of more man one scre	en, describe on back of page
Logs run (circle all applicable). No log run	n) Electric Gamma Ray Dens	ity Sonic Neutron (Dther:
Ivallic OI Organization running log(s).			
I certify that the well was drilled, constr	ucted, and completed in accorda	unce with all applicable r	Automanta of the Mart
Department of Environmental Quality and	nd/or the Mississippi Department	nt of Health Familations	equirements of the Mississipp
			una state laws,
Josh Ladier 0-64	18	ELL	al.
Print Name of Water Well Contractor and	License No		Water Well Contractor

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H-566

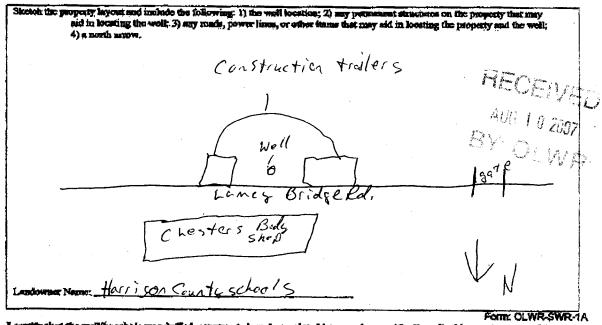
The shotch balow only required for water wells

Description of formations ancountered neura in provided for all wells and boreholes, major specifically exempted by regulations

IL well selence show depths on shotch. Ground Lavel

parintion of Fernantions Encountered		
i and the second se	Ground Lovel	
Sand Verley Sand Verley Structs dsen The sand clay The sand	J 0	10
Sand Velet	1	120
Struchstson	120	160
incsand class	10	350
Time send	250	395
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If more than one screen, show location of each on desph



I cartify that the well/barehole was defined, exterimeted, and completed in accordance with all applicable requirements of the Minimippi Department of Health regulations, if applicable, and since laws.

Print Name of Responsible Lizensee and Lizense No.

Date

Signature of Lizensee

County: Harr	1507	Pumn Install	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	
Permit #:		Mississippi Depart		
	an Well	Office of La		
Date completed:		Jackson		
Date completed:	0/4/0/		01)961-5210)354-6938 (fax)	Well #: <u>H - 566</u> Elevation:
This report s	hould be prepared		etail and filed with the Departmen	
installation o	Well Owner Info	armotion		it within 30 days of the
Owner Nama,				Location
owner ivanic/1	in 11	nty Schools	Latitude:	Longitude:
Mailing Address:	11072HWG "	49	Method of Lat/Long (circle on	
	······································			-held GPS, Survey-grade GPS
	Sulfport 11	15 39507 tate Zip Code	14 14 Sec_/9	
	City Si	tate Zip Code		$ Iwn_{e^-} Rng_{u}$
Telephone No. (.)	Telephone No. (<u>J21) 539-6508</u>		Distance Direction	Nearest Town
	<u>) <u> </u></u>		Miles of	·
· · · · · · · · · · · · · · · · · · ·	Ритр Тур	e		
	Circle one	- ,		ver Type cclc one
Air Lift	Jet	Submersible		e Engine Natural Ga
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PT
Centrifugal	Rotary	Flowing Well	Windmill Other (s	pecify):
Other (specify):			Horse Power Rating of Motor:	``
Date Pump Installe	d: 8/4/07		,	and the second sec
Rated Pump Capaci		Gallons Per Minute	Setting Depth: Number of Stages:3	
		······································		<u>446 102007</u>
	Pump Test D	ata	Method of Mea	suring Water Level
Date Well Tested: Well No testran		Cir	cle one	
Static Water, Level (A): 122 Feet Below Land Surface		Air Line Electric Measure	uring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
Drawdown [(B) - (A	A)]:I	Feet Below Land Surface	For flowing well measured al	tin baad.
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute		For flowing well, measured shu		
			Well yielded	
	(nummum 4 hou	rs);hours	feet after	hours of pumping
LIEDEDA		tements are true to the best		

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