Note: No seperate Order Log recieval. Filling this app Do PAA form in its place.



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY Office of Land and Water Resources

P. O. Box 10631 Jackson, MS 39289

Seismic Hole Plugging/Decommissioning Form
OLWR-DF-1S (1/05)

MAY 0 5 2011 BY: OLWR

well NUMBER: Test Well # 1 Hinds COUNTY WELL LOCATED: GW-16739 PERMIT NUMBER: DATE WELL PLUGGED: 3-30-11 NAME OF FIRM PLUGGING WELL: TELEPHONE NUMBER: Donald Smith Company 601-932-4511 Mississippi Baptist Health Systems 1225 N. State Street NAME AND ADDRESS OF Jackson, US 39202 WELL LOCATION: TOWNSHIP: 6N SECTION: 34 IE METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS HAND HELD OR SURVEY GRADE WELL LOCATION: LATITUDE: 90 10 54 W 32 NEAREST TOWN TOCKSON, MS OTHER LANDMARKS DISTANCE: DIRECTION: WELL PURPOSE (HOME, Test Well IRRIGATION, MUNICIPAL NAME OF WELL CONTRACTOR Donald Smith Company, Inc NAME OF LANDOWNER WHEN WELL WAS DRILLED: Mississippi Baptist Health Systems

				WELL DATA			
WELL DEPTH:	75	16		HOLE DEPTH		856	
CASING DIAMETER (IN.):	7	CASING LENGTH (F	T.):	690	TYPE OF		s or the second
DEPTH TO STATIC WATER	LEVEL:	310	DA	TE WELL COM	PLETED:	12-10	
WHY IS THE WELL BEING A	BANDON	ED? Could r	not	retrie	ve te	st well	

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)
neat cement was pumped via tremie line that filled the
neat cement was pumped via tremie line that filled the annulus as well as the inside of the casing.
J

TOURIST THAT THE WELL WAS PLUGGED OR ABA	NDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS
Ryan Herndon	0.700
PRINT NAME	MS LICENSE NUMBER 4-19-11
SIGNATURE	DATE