Sketter #3
Tow proof

County: Humphrey'S Permit (COL) (10.800) Driller: J. NEWCOME 0-773 Date drilling completed: 2-28-08

State Well Report

Part 1

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)

For Office Use Only:		
Aquifer:		
L. S. Elevation:		
E-log #:		

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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name W. R.SHELTON CO.	Latitude: 33.07.17." Longitude: 90.25.03."			
Mailing Address: 8106 Tuffer Bayou	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Isola, Ms. 38754	SE 14 NE 14 Sec 29 Twn 15N Rng 2W			
Telephone City State Zip Code	Distance Direction Nearest Town Miles 5E of BELZON			
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 28.08 Date well drilling completed:				
If flowing, method of flow regulation: Valve Other (
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape				
Hole depth: 103 Well depth: 108				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 75 feet Casing diameter: 16	inches Type of casing:PJC			
Screen length: 25 feet Screen diameter: 16	inches Type of screen:			
Screen slot size: 10-50 inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Und	i i			
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 Ra	y 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.				
JOHN NEWCOME 0-773	John New e			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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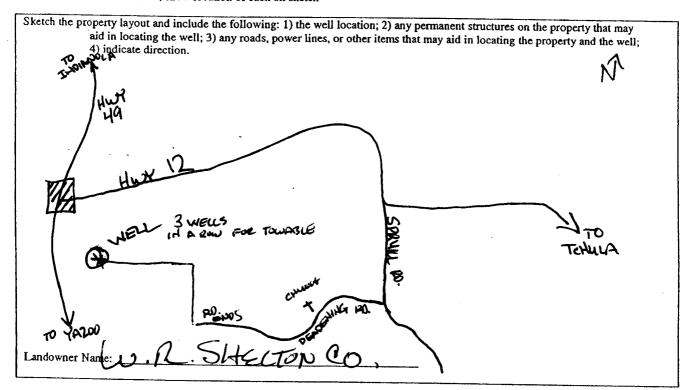
AUS 3 8 2008

If well telescopes please sketch below and show depths.

Ground Level		
screen	CASÎNG -75	

0	10
	1
10	40
40	75
7.5	100
100	103
_	
 	
	7.5

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT 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 Well #: (601)961-5210 (601)354-6938 (fax) Elevation: This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Owner Name Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Miles Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine' Electric Motor Hand Tractor PTO 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: Dump Tort Dat

 Date Well Tested:	Method of Measuring Water Level Circle one	
Static Water Level (A): Fee Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute ~	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	

Signature of Pump Installer

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

Print Name of Pump Installer and License No. (if applicable)

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AUG 98 2008

BY: OLWR