State Well Report west For Office Use Only:					
	State Wo	ell Report west	For Office Use Only:		
County: ISSAQUENA	l Lauri (·		
Permit #: 6W 41573	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: J. NEWCOME 0-773	P.O. Box 10631		Well #: D- 45		
Dimei.	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 3-3-07	(601)961-5210 (601)354-6938 (fax)		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.					
Well Owner Information		Well Location			
Owner Names 9 4 Low Law Reade		Latitude: 32 · 41 · 17 " Longitude: 090 57 · 58"			
Mailing Address DELTA PINE LA NO MGMT.		Method of Lat/Long (circle one): Conventional Survey,			
Po Pox Si	469	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code		Distance Direction	o S(a) 1		
Telephone No (1662 - 820 - 8686		2.5 Miles SW	or Orvara		
	Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 3-3-07 Date well drilling completed: 3-3-07					
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: 133 Well depth: 130 Well grouted to a depth of 10 feet					
Time of grout (girele one): Cement Rentonite Mix					

inches

Underreamed

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Casing diameter:

Screen diameter:

Setting depth: From

(Gravel packed)

Other (describe):

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Casing length: _

Screen slot size: . 050

Type of completion (circle all applicable):

Top of lap pipe or reduction in casing:

Name of organization running log(s):

Print Name of Water Well Contractor and License No.

Type of casing:

Telescoped Open hole

feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

BYCOUT

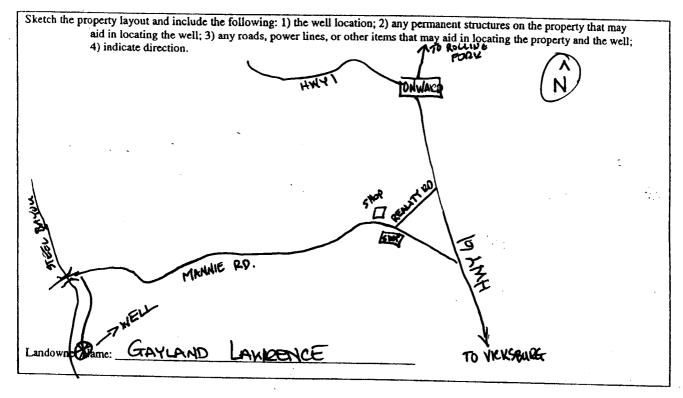
Natural Development:

If well telescopes please sketch below and show depths.

Ground Level	
	casing
40'	—9oʻ
16" screen	130

Description of Formations Encountered	From	То
TOP Soil	0	10
Mix Clay	10	28
Fine sand	28	90
med. Coarse Sand	90	13
	1	\vdash
	—	
	1	

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



Signature of Water Well Contractor

Date completed: 3-3

STATE WELL REPORT 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)

For Office Use Only:
Aquifer:
well #: D - 45
Elevation:

installation of pump.				
Well Owner Information	Well Location			
Owner Name Say Low Law RENCE	Latitud 2-41-17 Longitude 090-51-09			
Mailing AddresDELTAPINE LAND MONT.	Method of Lat/Long (circle one): Conventional Survey,			
Po 30x 5669	USGS quad Hand-held GPS, Survey-grade GPS			
City State Zip Code	SW 1/4 SW 1/4 Sec25 Twn ON Rng ZE			
	Distance Direction Nearest Town			
Telephone N6662 - 820 - 8684	25 Miles SW of ONWARD			
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: $3-4-0.7$	Setting Depth: 60 feet			
Rated Pump Capacity: 3000 Gallons Per Minute	Number of Stages: 1-Stage 14			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Deve (A): Feet 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			
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) Signature of Pump Installer

RECEIVED

MAR 2 3 2007

BY: OLWA