	1 State Well Report	
	-	For Office Use Only:
County: Ita wmka	Part 1 – Driller's Log	For Onice Use Only.
$\frac{1}{100} \frac{1}{100} \frac{1}$	Mississippi Department of Environmental Quality	Aquifer: EI2
Permit #:	Office of Land and Water Resources	
Driller: Tom Rain 0-509	P.O. Box 10631	Well #:
Driller: 10m 11600 0 - 5 0 1	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 6-19-05	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

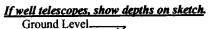
Information on Well Owner Well or Borehole Location (Landowner if borehole is not for a water well) Owner Name Durmes ID: It ams It ams Mailing Address: ID: It ams Method of Lat/Long (circle one): Conventional Survey, Mailing Address: ID: It ams Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW ½ NW½ Sec_/5 Twn_25 Rng 9 E Full fee: MS It ams Distance Direction Nearest Town Telephone No. (
Owner Name $\exists \mu \dots \mu S$ μ					
Owner Name $\exists \mu \dots \mu S$ μ					
Mailing Address: 678 $3accoss$ $withins Rd$ Mailing Address: 678 $3accoss$ $withins Rd$ $Factors$ $Withins Rd$ $Withins Rd$ $Factors$ $Wsithins Rd$ $Withins Rd$ $Factors$ $Msithins Rd$ $Withins Rd$ $Factors$ $Msithins Rd$ $Wsithins Rd$ $Factors$ $Msithins Rd$ $Wsithins Rd$ $Factors$ $Msithins Rd$ $Wsithins Rd$ $Factors$ $Msithins Rd$ $Ssithins Rd$ $Factors$ $Msithins Rd$ $Msithins Rd$ $Factors$ $Msithins Rd$ $Msithins Rd$ $Factors$ $Msithins Rd$ $Msithins Rd$ $Msithins Rd$ $Msit$					
Mailing Address: 678 5 5 111 122 111 112					
City I State Zip Code Distance Direction Nearest Town					
City I State Zip Code Distance Direction Nearest Town					
City I State Zip Code Distance Direction Nearest Town					
Well / Borehole Data Well / Borehole Data Date drilling started: $c_{1}/2/2^{5}$ Date drilling completed: $c_{1}/2^{6}/2^{5}$ Hole depth: Hole diameter: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Location of the source of any surface water used for drilling:					
Well / Borehole Data Date drilling started: 6/19/08 Hole depth: 160 Hole diameter: 8" Location of the source of any surface water used for drilling:					
Date drilling started: // 9 //S Date drilling completed: //9 //S Hole depth: //60 Hole diameter: %" Location of the source of any surface water used for drilling:					
Location of the source of any surface water used for drilling:					
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable); No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):					
Name of organization running log(s): Purpose of borehole (check one): Water Well X_ Geotechnical/Geological Investigation Ground Source Heat Pump Seismic SurveyOther (describe)					
Seismic SurveyOther (describe)					
If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above of below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: <u>/60</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: feet Casing diameter: inches Type of casing: Screen length: feet Screen diameter: inches Type of screen:					
Screen slot size:					
Screen slot size: , C/8 inches Setting depth: From _/ 30 feet to/ 60 feet					
Screen slot size: <u>, 2/8</u> inches Setting depth: From <u>/30</u> feet to <u>/40</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development					
Type of completion (circle all applicable): Eravel packed Underreamed Telescoped Open hole Natural Development					

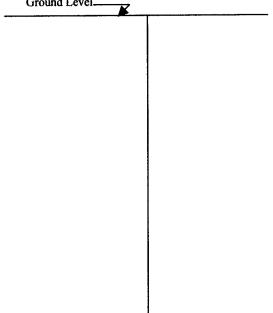
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E12

The sketch below only required for water wells

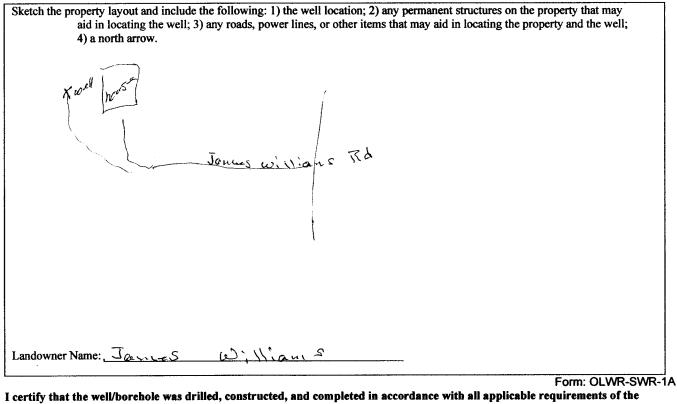




Description of formations encountered must be provided for all
wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
(Ground Level	
B - Clay	6	90
ROCK	90	91
Clan	G1	117
Am vel	1 117	160
		100
		1
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		-
		+

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



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws. ilessi 0-509 6/19/05

Carros A

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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Comby: Ţ+A: LO 201 Eac	STATE WELL REPORT					
Primit #:	County TLR 10 10 Pa	P	art 2			
Drite: To be Roosi _ D = 50 9 Office of Land and Water Resources P. Does 10631 Polia completed: L = 19 = 0.57 P. Does 10631 Well #:		Pump Installer'	s Completion Report	For Office Use Only:		
Drite: T_{Life} , K_{CSS1} , $L_{2-L_{Q}}$ P.O. Box 10631 Date complete: L_{-} , L_{2-} , L_{Q} K_{001} Care information from block on Part I K_{001} Trip or of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attacked and both parts filed with the Department at the above address within 30 days of well completion. Well Worker Name: $[a_{creacy} \leq u_{D}]$ U_{1} Mailing Address: L_{2} L_{2} Mailing Address: L_{2} L_{2} K_{2} L_{2} Mailing Address: L_{2} L_{2} K_{2} L_{2}	Permit #:			Aquifer:		
Date completed: \$\Lefter - 19 = 0.5' Jackson, MS 3928-0631 (601)354-6938 (fax) Well #	Driller Tame Ross' 12-509					
Corr information from block on Part I (601)961-5210 Evention: Corr information from block on Part I (601)961-5210 Evention: This part of the report must be completed by a licensed water well constructor or a licensed pump installer. A copy of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached and both part filed with the Department at the above address within 30 days of Part I of the report must be attached by the I both part I at I if a summer site of I both part I at I if a summer site of I both part I at I if I bet I at I both part I at I if I bet I both part I at I if I bet I both part I at I if I bet I both I				Well #: B-12		
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report must be attacked and both pirc filed with the Department at the above didress within 30 days of period completion. Well Owner Information Well Constituent of the Department at the above didress within 30 days of period completion. Well Owner Information Well Constituent of the Department at the above didress within 30 days of period. Well Constituent of the Department at the above didress within 30 days of period. Well Constituent of the Department at the above didress within 30 days of period. Well Constituent of the Department at the above didress within 30 days of period. Well Constituent of the Department at the above didress within 30 days of period. Well Constituent of the Department at the above didress within 30 days of period. Mailing Address: (b) (1) a task of the Department at the above didress within 30 days of period. Mailing Address: (b) (1) a task of the Department at the above didress within 30 days of the Department of Pump Test (D):	Copy information from block on Part 1			Elevation:		
Well Owner Information Well Location Owner Name: Jaunes Well Viewes Well Viewes Mailing Address: 6.7.8 Jaunes Well Viewes James Telephone No. James Jake 23 Pamp Type Jistance Circle one Jistance Air Lift Jet Subnersible Dissel Engine Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Bate Pump Installed: 6./144/15 Static Well Tested: 6./144/15 Static Water Level (B): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown (B) - (A): Test Pump Test data Duration of Pump Test (minimum 4 hours): 10 Hersersby Test Pump Test (minimum 4 hours): 10 hours Test Pump Test (minimum 4 hours): 10 HEREBY CERTIFY that the above statements are true to the best of my knowtfedge. The sure 5						
Mailing Address: $\lfloor 2 \rceil$ $\exists a max log Milliams log Method of Lat/Long (check one): Conventional Survey$						
Mailing Address: $\lfloor 2 \rceil$ $\exists a max log Milliams log Method of Lat/Long (check one): Conventional Survey$	Owner Name: James Will	iams	Latitude:	Longitude:		
Image: State of the state						
$f_{all f_{arr}}$ $M.S.$ $SR & 8.44.3$ $NW. 4 \ AlW. 4 \ Sec. 15$ $T.S. R. 9E.$ Telephone No. (
City State Zip Code Distance Direction Nearest Town Telephone No. (Fulture MO	38843	,			
Telephone No. (City State	Zip Code		85		
Pump Type Circle one Power Type 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):						
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):	Telephone No. ()	Telephone No. ()		f		
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):		·····				
Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			••			
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Date Pump Installed: 6 //9/6S Setting Depth: //40 feet Rated Pump Capacity: 10 - 12 Gallons Per Minute Number of Stages:	Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Rated Pump Capacity: 10 - 12 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6 /19 68 Static Water Level (A): 12.0 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B): Feet Below Land Surface Other (specify):	Other (specify):		Horse Power Rating of Motor:			
Rated Pump Capacity: 10 - 12 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6 1/9 6 Static Water Level (A): 120 Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify):	Date Pump Installed: 6/19/05		Setting Depth:	<u>feet</u>		
Date Well Tested: /19 /0.8 Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. The mass SSI	Rated Pump Capacity: <u>10 - 12</u>	Gallons Per Minute	/			
Date Well Tested: /19 /05 Static Water Level (A): T20 Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): _/ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. The mass Messi Description Description	Pump Test Data		Method of Measuring Water Level			
Static Water Level (A): 120 Feet Below Land Surface 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 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Minute The was No SSI 0 509	•		1	-		
Static Water Level (A): 126Feet Below Land Surface Other (specify): 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.	Date Well Tested:		Air Line Flectric Mea	suring Line Steel Tane		
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours): _/hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. The was D 509	Static Water Level (A): <u>126</u> Feet/Below Land Surface					
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Duration of Pump Test (minimum 4 hours):	Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	ut in head:feet		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. The was Rossi 0509	Test Pumping Rate:Gallons Per Minute		Well yielded GPM with a drawdown of			
Thomas Rossi 0509 Themas Lassi	Duration of Pump Test (minimum 4 hours):	<u>hours</u>	feet after	hours of pumping		
Thomas Rossi 0509 Themas Lassi		·····	I,			
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