State W	ell Report			
	Part 1			
Mississippi Departmen	and Water Resources Box 10631 Well #: <u>A-123</u>			
Monstlinter MellsRV P.O.I	50x 10051			
Jackson, M	IS 39289-0631 L. S. Elevation:			
	961-5210 54-6938 (fax) E-log #:			
Control And the second 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 Name Dane Fallo	Latitude: $30 \cdot 40 \cdot 471$ "Longitude $38 \cdot 48 \cdot 569$ "			
Mailing Address: Wilson Cemetary Rd.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Vancleave Ms 39565	MW 1/2 NW 1/2 Sec 6 Twn #S Rng R8 W			
City State Zip Code Telephone No. 238 860 - 7839	Distance Direction Nearest Town ///2 Miles NW of NW Leave			
Weil				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $3-9-09$ Date well drilling completed: $3-9-09$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: <u>50</u> feet above o below circle one) land surface Date measured: <u>3-9-09</u>				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>90FT.</u> Well depth: <u>90FT</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
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 Ray Density Sonic Neutron Other:				
Name of organization running log(s): NA				
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.				
Jack Ridgdell 0-472 Jack Kildell				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

APR 08 2009

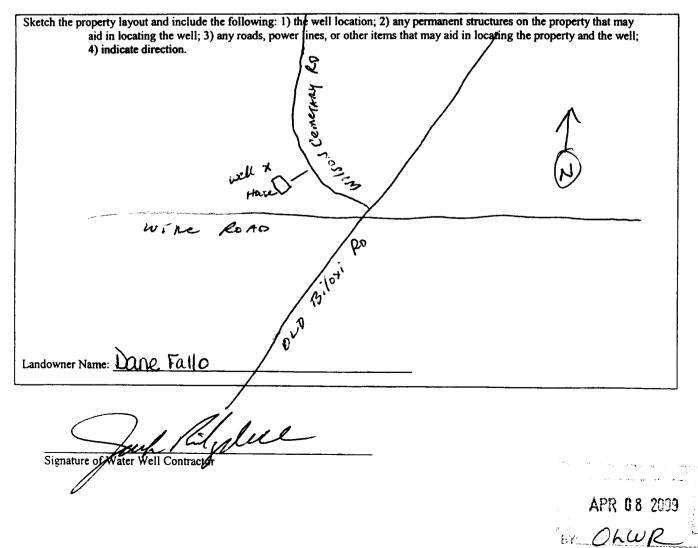
A-123

If well telescopes please sketch below and show depths.

Grou

und Level	Description of Formations Encountered	From To
	Graymediumsand	60 90

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



STATE WELL REPORT					
County: Jackson Permit #: Driller Cast Water Well SRV.	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Qualit Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		For Office Use Only: Aquifer: Well #: <u>A-123</u>		
Date completed: 3-9-09	(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 installation of pump.					
Well Owner Information	Dn		Well Location		
Owner Name: Dare, Fallo		Latitude: 30° 40' 471 " Longitude: 088° 48' 569 "			
Mailing Address: Wikon Cemete	ary Rd.	Method of Lat/Long (circle one): Conventional Survey,			
			I-held GPS, Survey-grade GPS		
City State	<u>39565</u> Zip Code	Distance Direction			
Telephone No. <u>838)</u> 860-7839		<u>//1/2 Miles NW o</u>	f_Vmcleave		
Ритр Туре		Po	wer Type		
Circle one			ircle one		
Air Lift Jet	Submersible	Diesel Engine - Gasolin	e 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: 1HP		
Date Pump Installed:		Setting Depth: 70FT. Drop pipefeet			
Rated Pump Capacity: 7.5	Gallons Per Minute	Number of Stages:	2		
Pump Test Data			asuring Water Level		
<u> </u>	elow Land Surface	Air Line Electric Mean Other (specify):	suring Line Steel Tape		
Drawdown [(B) – (A)]:Feet B Test Pumping Rate:75 G	elow Land Surface	For flowing well, measured sh			
			- ,		
Duration of Pump Test (minimum 4 hours): _	hours	feet after	<u> </u>		
I HEREBY CERTIFY that the above statement Jack Ridgdell 0-472 Print Name of Pump Installer and License No		f my knowledge. Signetare of Pump Ins	Rüffer		
		\mathcal{U}	APR 08 2003		
			MINUU LUUJ		
			BY OLUTA		

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