State W	ell Report	For Office Use Only:		
County: Jackson	—1			
Mississippi Departmen	Mississippi Department of Environmental Quality Aquifer:			
1 1 1	Well#:			
P.O. Box 10631 Priller: Michael S. Haverd Procedure MS 20280 0631		L. S. Elevation:		
	Jackson, MS 39289-0031			
	4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	Well	Location		
Owner Name Scarborough Construction	Latitude: 30 ° 40 ' 50	" Longitude: 88 ° 36 '51 "		
Mailing Address: 20200 Chinguapin Rd	30			
		GPS Survey-grade GPS		
Lucidale MS 39452 City State Zip Code		Twn T45 Rng K5W		
City State Zip Code	Distance Direction Miles	of hearest lown		
Telephone No. (228) 990 - 6917		- 1,x, · · · · · ·		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: Oc-12-07 Date well drilling completed: Oc-12-07				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 78 feet above or below (circle one) land surface Date measured: $\alpha - 12 - 67$				
Method of Measurement (circle one) Steel tape electric tape air line other:				
Hole depth: 78 Well depth: 78 Well grouted to a depth of 15 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 73 feet Casing diameter: 2 inches Type of casing: PUC STO BE				
Screen length: 5 feet Screen diameter: 2 inches Type of screen: WOP PVC				
Screen slot size:, OOSinches Setting depth: From 73feet to 78feet				
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): 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.				
Department of Environmental Quality and/or the Mississippi De	partinent of Health regulation	7 . 1/		

Print Name of Water Well Contractor and License No.

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BY: OLWR

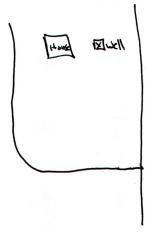
If well telescopes please sketch below and show depths.

Ground	I arral

Description of Formations Encountered	From	To
Tankand		6
Top.sand sand (med-coarse) Clay sand (med)	6	58
sand (med. coarse)	58	_
Clay		65
Sand (med)	65	78
		-

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

Sketch the p	roperty layout and include the following: 1) the well location; 2) any permanent structures on the property that may
	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well
	4) indicate direction.



Landowner Name: Scarborough Construction

Signature of Water Well Contractor

AUG 1.3 2007 BY: OLWR

STATE WELL REPORT

County: Jackson Permit #: Driller: M.

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

For Office Use Only:		
quifer:		
ell #: _	D-276	
evation:		

W Date completed: 6-14-07 El (601)354-6938 (fax) 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 Location Well Owner Information** Latitude: N30°40. 5 Longitude: W88°30. 51 Owner Name: Scarborough Construc Mailing Address: 26200 Chingapin Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS Survey-grade GPS 1/4 Sec 29 Twn T45 Rng R5W Nearest Town Distance Direction Telephone No. (208) 990 - 6917 **Power Type** Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Electric Moto Hand Tractor PTO Piston Turbine Bucket Windmill Other (specify): Rotary Flowing Well Centrifugal Horse Power Rating of Motor: Other (specify): (0-14-07 Date Pump Installed: Setting Depth: Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 06-14-07 Electric Measuring Line Steel Tape 27 Feet Below Land Surface Other (specify): Pumping Water Level (B): 34 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: ____ 12 GPM with a drawdown of Gallons Per Minute Test Pumping Rate: ___ feet after hours of pumping Duration of Pump Test (minimum 4 hours): _____hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge

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