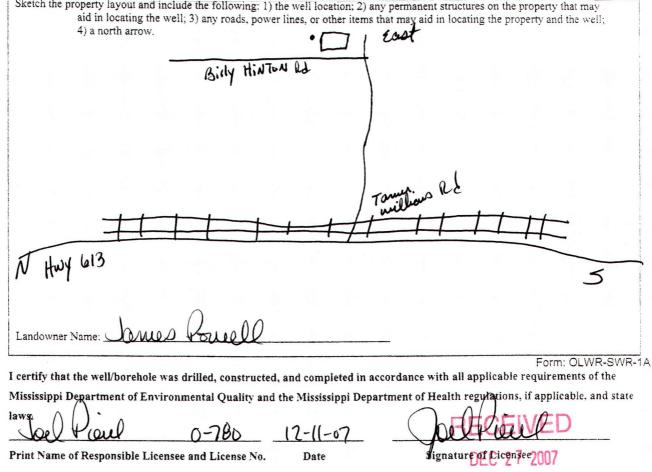
State Well Report									
County: Decision Part 1 - Driller's Log For Office Use Only:									
Permit #: 0 - 780 Mississippi Department of Environmental Quality Aquifer:									
Driller: W. Joel (Fierca P.O. Box 10631 Well#: D-290									
Date drilling completed: 12-11-07 Jackson, MS 39289-0631 L. S. Elevation:									
(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.									
Thiof mation on well Owner Wall on Developer to a contract the second									
(Landowner if borehole is not for a water well) Owner Name James Townow Towno Townow Towno Towno Tow									
54 3									
Mailing Address: Tanuan ullians Rd USGS quad, Hand-held GPS, Survey-grade GPS									
JE 1/2 Bec 3 Twn 45 Rng 54									
<u>Hunder</u> <u>MO</u> <u>39457</u> <u>NW</u> <u>37</u> <u>Negrest Jown</u> City State Zip Code Direction Negrest Jown									
Telephone No. (208) 588 - 99 26									
Well / Borehole Data									
Date drilling started: 12-11-07 Date drilling completed: 12-11-07 Hole depth: 80 Hole diameter: 2									
Location of the source of any surface water used for drilling: <u>Hequise</u> we Method of dosing and volume of Chlorine used in drilling and development: <u>4gal chlore</u> 2000 water									
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:									
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other									
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Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:									
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic SurveyOther (describe)									

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	d Level.	×					Descript	ion of Fo	ormations	Encounter		om (depth)	To (dept)
												Bround Level	
									a	1	2	N.	
									- Vud	and		0	15
									Yello	vela	uy -	15	20
								6	utite	Sand	р	20	80
												·····	
Ifmore	e than or	ie screen,	 show l	ocation o	ofeach	on sketch	L			-1	l		



BY: OLWR

	STATE WI	ELL REPORT					
County: _ackson		art 2 s Completion Report	For Office Use Only: Aquifer: Well #: D - 274				
Permit #: $0 - 780$	Mississippi Departmer	and Water Resources					
Driller: W. Jce/ Pierce	P.O. 1	Box 10631					
Date completed: $12 - 11 - 07$	(601)	961-5210					
Copy information from block on Part 1		4-6938 (fax)					
This part of the report must be completed report must be attached and both parts fil	ed with the Department a	contractor or a licensed pump is it the above address within 30 da	istaller. A copy of Part 1 of the tys of well completion.				
Well Owner Informat	ion		Location				
Owner Name:		Latitude: 88-27. 991	Longitude: <u>30 - 43. 531</u>				
Mailing Address: Tanua Willia	us kd	Method of Lat/Long (check one): Conventional Survey,					
		USGS quad, Hand-held	GPS, Survey-grade GPS				
Numley US City State	<u>39562</u> Zip Code	<u>SE 1/1E 1/4 Sec. 3 T. 45 R. 54</u>					
City - State	Lip Code	Distance Direction Nearest Town					
Telephone No. (228) 6000 588-	9926	4 Miles NE of Hull, us					
		<u> </u>					
Pump Type Circle one			ver Type rcle 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:					
Date Pump Installed: 12-11-07	1	Setting Depth:	t line_feet				
Rated Pump Capacity: 10	Gallons Per Minute	Number of Stages: 2					
Pump Test Data	· · · · · · · · · · · · · · · · · · ·		suring Water Level				
Date Well Tested:			rcle one				
Static Water Level (A):Feet	Below Land Surface		suring Line Steel Tape				
Pumping Water Level (B): 40 Feet	Below Land Surface	Other (specify):					
Drawdown [(B) - (A)]:Feet	Below Land Surface	For flowing well, measured sh	ut in head:feet				
Test Pumping Rate: 10	Gallons Per Minute	Well yielded	_GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	<u>48</u> hours	feet after	48 hours of pumping				
I HEREBY CERTIFY that the above statem	0-780	feelfier					
I THE REAL OF LEADING THE LICENSE IN	o. (II applicable)	Signature of Pump In	Form: OLWR-SWR-1B				
		€. Saa					

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