County: VICCOUNTY	N .	art i		
		t of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources		Well #:	
Driller: COOS WATER WELSEV.		Box 10631	Woll III.	
R/a-11	Jackson, M	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 0/23		961-5210		
	(601) 35	4-6938 (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 Name Prry Daughtrill		Latitude: 30 · 40 34.30 Longitude 85 · 28 59.10		
Mailing Address: <u>22813 Alan</u>	Mailing Address: 22813 Alamosa DR.		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS		
Mrs Point 1115 39562. City State Zip Code		NE 1/4 NE 1/4 Sec 28 Twn T4 5 Rng R5 in		
Telephone No. 608990 - 6077		Distance Direction Nearest Town 1/12 Miles North of Horky		
	Well I)eta		
	77 CH 1	, a		
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 8/23/// Date well drilling completed: 8/23///				
If flowing, method of flow regulation: Val	ve NA Other (de	escribe)		
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 8/23///				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 375 FT. Well depth: 375 FT. Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement	Destante No			
Type of grout (circle one): Cement Bentonite Mix Casing length: 1 Feet Casing diameter: inches Type of casing: 1				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: 1006 inches Setting depth: From 365 feet to 375 feet				
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.				
Jack Ridgdell O	-472	_ Jan Pa	office !	
Print Name of Water Well Contractor and License No.		Signature of V	Vater Well Contractor	

State Well Report

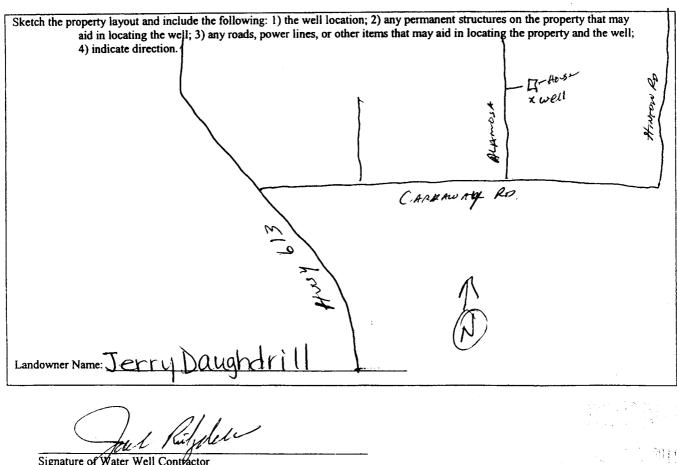
Part 1

County: DACKSON

For Office Use Only:

If well telescopes please sketch below and show depths.		
Ground Level	Description of Formations Encountered	From To
	Grange Clay Brown Charse Sand Blue Clay Gran Coarse Sand	75 45 75 36 75 36 36 37

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



Signature of Water Well Contractor

Lewis Printing - Pascagoula, MS

STATE WELL REPORT

County: JOCKSON Permit#: Driller 1009 Water Well SRV. Date completed: 8/3/11

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) 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 20 Longitude: 088° 28' 5 Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad Hand-held GPS, Survey-grade GPS 1/4 NE 1/4 Sec 28 TWIT 45 RING R5W Nearest Town Distance Direction 1/2 Miles NOMTON HURLY Telephone No. 200990 - 60 **Power Type** Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Electric Motor Hand Tractor PTO Piston **Turbine Bucket** Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: 1 H Other (specify): Setting Depth: 60FT. Drop 1100 feet Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 35 Feet Below Land Surface Other (specify): Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: GPM with a drawdown of Gallons Per Minute Well yielded Test Pumping Rate: Duration of Pump Test (minimum 4 hours): _______hours hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of		
Jack Ridgdell 0-472	Jush Ridgham	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		ern 1 6 9