| County: JCCLESON       Part 1         Mississippi Department of Environmental Quality         Order Casts Nater Well Sev.         Date driling completed: \$-14-07         Mississippi Department of Environmental Quality         Office of Land and Water Resources         P.O. Box 10631         Jacks Nuller Well Sev.         Date driling completed: \$-14-07         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 Ower Information         Well Ower Informatin         Well Owe   | County: $\int Ccursy:$ $Ccursy:$ $Ccursy:$ <   |  |                             | ell Report                    | For Office Use Only:                  |
|---|---|--|-----------------------------|-------------------------------|---------------------------------------|
| Permit #  | Permit #:   | County: Jackson  |                             |                               |                                       |
| Doiller (2013) Highly Mell SW       Jackson, Miss 39289-0631<br>(601)961-5210<br>(601)961-5210<br>(601)961-5210       L. S. Blevation:         State Law requires that this report be prepared by the driller in detail and filed with the Department within<br>30 days of completion of drilling of the well.       Well Jocation         State Law requires that this report be prepared by the driller in detail and filed with the Department within<br>30 days of completion of drilling of the well.       Well Jocation         Well Orner Iafornation       Well Orner Iafornation       Well Jocation         Owner Name       MOT K       Smith         Mailing Address       [3007] DeSOto Bluff Cliffle         Wall Call Orner Isonation       Latitude: 30 - 33: 7111 " Longitude QSF 494907.         Well Orner Isonation       USGS quad. (frand-held GPS) Survey-grade GPS         Multic Mice Quad. (frand-held GPS)       Survey-grade GPS         Multic Mice and Content Conventional Survey.       Well Data         Purpose of Well (circle one (frome)       Industrial       Public Supply         Nultic Mice and Cliffle       Multic Mice and Cliffle       Second         State Law:       Q       feet above or Geory (circle one)       Multic Mice and Cliffle         State Well Gircle one       Table well drilling completed:       S-14 - 07         If Rowing, method of flow regulation: Valve MIA       Other (describe)       Second of Multic Mice and Cliffle </td <td>Date drilling completed:       S-14-07         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 Joset Signame         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 Joset Signame         Well Orner Isformation       Well Joset Signame       Well Joset Signame         wwner Name       MOT K       Smith         Latitude:       20 * 38 : 111 * Longitude Signame       Long Kerster         Vancle ON P. MS 39250-55       State Zap Code       Direction         Vancle ON P. MS 39250-55       N/// N. Sec.       Twn 735. Rng Rd.v.         Uses quad. transfered with the Department within 30 days of completion of drilling of the well.       Direction       Nearest Town         Vancle ON P. MS 39250-57       State       Zap Code       Direction       Nearest Town         Well Data       Direction       Nearest Town       20 State Code       Direction       Nearest Town         Well Circle one (Home)       Industrial       Public Supply       Irrigation       Fish Culture       Other:      </td> <td>Permit #:</td> <td></td> <td></td> <td></td> | Date drilling completed:       S-14-07         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 Joset Signame         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 Joset Signame         Well Orner Isformation       Well Joset Signame       Well Joset Signame         wwner Name       MOT K       Smith         Latitude:       20 * 38 : 111 * Longitude Signame       Long Kerster         Vancle ON P. MS 39250-55       State Zap Code       Direction         Vancle ON P. MS 39250-55       N/// N. Sec.       Twn 735. Rng Rd.v.         Uses quad. transfered with the Department within 30 days of completion of drilling of the well.       Direction       Nearest Town         Vancle ON P. MS 39250-57       State       Zap Code       Direction       Nearest Town         Well Data       Direction       Nearest Town       20 State Code       Direction       Nearest Town         Well Circle one (Home)       Industrial       Public Supply       Irrigation       Fish Culture       Other:   | Permit #:  |                             |                               |                                       |
| Date drilling completed:       \$\$-14-07       [601)354-6938 (fax)         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 laformation         Owner Name       MOT K       Smith         Mailing Address:       J2007       DeSOto Bluff Of United State Well.         Well Owner Information       Well Conventional Survey.         Well Owner Size:       J2007       DeSOto Bluff Cliff Cliff         Wailing Address:       J3007       DeSOto Bluff Cliff Cliff         Well Owner Size:       J2007       DeSOto Bluff Cliff Cliff         Wailing Address:       J3007       Desoto Bluff Cliff Cliff         Well Data       Differion Pish Culture       Other:         Purpose of Well (circle one) Home       Industrial       Public Supply         Jif Howing, me   | Date drilling completed:       \$\frac{14-07}{(601)354-6938} (fax)       L. S. Elevation:         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 Oreast Information         Well Orner Information       Well Orner Information       Well Orner Information         Numer Name       MOLK & SMITH       Latitude: 30 • 38 · JIII ** Longitude (258 · 49 · 40 · 7)         tailing Address:       1300 1 DeSoto Bluff OlICle       Well Orner Information         Vancleave, MS       395105       Miles       Mount Actions (circle one): Conventional Survey, 54         USGS quad. (timd-held OPS) Survey-grade GPS       Miles       Mount Actions       Well Orner Conventional Survey, 54         uppose of Well (circle one)       Industrial Public Supply Irrigation       Fish Culture       Other:       Distance       Twn 735 Rng & Culture         well oning, method of flow regulation:       Value       Nile       Miles       Mount Action       Mount Action       Mount Action         taik well circle one):       State       21 · 0.7       Date well drilling completed:       \$\frac{14 - 0.7}{14 - 0.7}         flowing, method of flow regulation:       Value       Nile       Other (describe)       Distance       \$\frac{14 - 0.7}{16}         flowing, method of flow regulation:       State   |  | P.O. I                      |                               |                                       |
| (601)334-6938 (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 Over Information         Well Over Information       Well Over Information         Owner Name       MOR K Smith         Mailing Address:       [3001]         DeSOTO BLUFF CITCLE       Latitude: 30 • 38 • 111 • Longitude (38 • 49 • 90 • 7)         Mailing Address:       [3001]         DeSOTO BLUFF CITCLE       Latitude: 30 • 38 • 111 • Longitude (38 • 49 • 90 • 7)         Mailing Address:       [3001]         DeSOTO BLUFF CITCLE       Latitude: 30 • 38 • 111 • Longitude (38 • 49 • 90 • 7)         Mailing Address:       [3001]       DeSOTO BLUFF CITCLE         Well Data       Latitude: 30 • 38 • 111 • Longitude (38 • 49 • 90 • 7)         USGS quad. (Hand-held GPS. Survey-grade GPS       N////////////////////////////////////   | (601)354-6938 (fax)       E-log #:  |  |                             |                               | L. S. Elevation:                      |
| 30 days of completion of drilling of the well.       Well Over Information         Owner Name       Mailing Address:       Information         Owner Name       Mark Simith       Latitude:       30:33:711       Longitude:       Longitude:       25:4         Mailing Address:       ISOOT       Desorto       Bluff CiffCle       Method of Lat/Long (circle one): Conventional Survey,       54         Mailing Address:       ISOOT       Desorto       Bluff CiffCle       USGS quad. (Hand-held GPS) Survey-grade GPS         N/N       N       N/N       N/N       N/N       N/N       N/N       N/N         Telephone No. (DS)       DSA - 27108       Direction       Nearest Town       2       N/N   | 30 days of completion of drilling of the well.         Well Owner Information         Well Owner Information         Well Owner Information         Well Coration         Well Data          Well Coration </td <td>Date drilling completed: <u><b>D</b></u><u>1</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u><u>4</u></td> <td></td> <td></td> <td>E-log #:</td>   | Date drilling completed: <u><b>D</b></u> <u>1</u> <u>4</u> |                             |                               | E-log #:                              |
| Well Owner Information         Well Owner Information         Owner Name Mark Smith         Latitude: $30 \cdot 33 \cdot 711$ " Longitude $183 \cdot 499 \cdot 907$ .         Mailing Address: $13007$ DeSoto Bluff Cilr(le         Wall Carlo of Lat/Long (circle one): Conventional Survey, State       Carlo of Lat/Long (circle one): Conventional Survey, State         Vanche and the answer of the conventional Survey, State       Carlo of Lat/Long (circle one): Conventional Survey, State         Telephone No. (308) 320 - 27108         Well Data         Well Data         Well Data         Purpose of Well (circle one) Home: Industrial Public Supply Irrigation Fish Culture       Other: Market I and Survey. Supply Irrigation Fish Culture         Well Data         Well Data         Well Data         Well Data         Well Circle one (Home) Industrial Public Supply Irrigation Fish Culture       Other: Survey-grade GPS         Multic Survey. Supply Irrigation Fish Culture       Other: Survey-grade GPS         Purpose of Well (circle one) Industrial Public Supply Irrigation Fish Culture       Other: Supply Irrigation Fish Culture       Other: Supply Irrigation Fish Culture         Other (descri  | Well Downer Information         Well Correction         City       State       Zip Code         Well Correction       Conventional Survey.         Well Correction         City       State       Zip Code         Well Correction       Nearest Town         Well Correction       Nearest Town         Well Correction       Nearest Town         Well Correction       Nearest Town         Well Data         Well Correction         Note of Well (circle one) Industrial       Public Supply         Industrial       Public Supply         Well Data         Well Correction         Supplement (circle one) Industrial         Method of flow  |  |                             | driller in detail and filed w | with the Department within            |
| Mailing Address: 13007 DESCTO BILLIF CITCLE<br>Mailing Address: 13007 DESCTO BILLIF CITCLE<br>Maine of Completion (circle all applicable): Gravel packed Underreamed Telescoped or more than one screen, describe on back of page<br>Logs run (circle all applicable). No Top TOP Electric Gamma Ray Density Sonic Neutron Other:   | tailing Address:       13007       Desorto       Bluff Ciffle         Mailing Address:       13007       Bluff Ciffle       Direction       Nearest Town         Desorto       Mailing completed:       State       Bluff Ciffle       Direction       Nearest Town         Well Data       Well Data       Well Data       Well Data       Direction       Nearest Town         Mailing started:       State       1307       Date well drilling completed:       State       State         Mowing, method of flow regulation:       Valve       N1A       Other (describe)       State       Direction       Theret         Atata   |  |                             | Wei                           | l Location                            |
| USGS quad (Hand-held GPS, Survey-grade GPS<br>City         Vancleane       State       Zip Code         Telephone No. (2005) 252 - 27168       Distance       Direction         Well Data         Well Data         Purpose of Well (circle one (Horne)       Industrial       Public Supply       Irrigation       Fish Culture       Other:   | USGS quad. (Hand-held GPS, Survey-grade GPS<br><u>USGS quad. (Hand-held GPS, Survey-grade GPS</u><br><u>NHU V. NUU V. Sec. 6 Twn 73.5 Rng Rd UU</u><br><u>Distance</u><br><u>USGS quad. (Hand-held GPS, Survey-grade GPS</u><br><u>NUU V. NUU V. Sec. 6 Twn 73.5 Rng Rd UU</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usdance</u><br><u>Usda</u> |  |                             | 1 <b>U</b>                    | ) <u>(</u> 1                          |
| Var No.   | Nocleane, MS       39505         City       State       Zip Code         Pelephone No. (206)       952 - 2716       Distance       Direction       Nearest Town         Well Data         Well Other Culture Other:   | Mailing Address: 3001 DESC   | to Bluff Circle             | Method of Lat/Long (circle or | ne): Conventional Survey,             |
| City       State       Zip Code         Telephone No. (DS) DSA - 27168       Distance       Direction       Nearest Town         Well Data         Well Data         Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:  | City       State       Zip Code         'elephone No. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |  |                             | USGS quad, Hand-held          | GPS, Survey-grade GPS                 |
| Telephone No. (20) 20 - 2/1/K   | Petephone No. (2015) 252 - 2/125  |  |                             | NW 1/4 NW 1/4 Sec 6           | Twn 735 Rng R8(1)                     |
| Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:         Date well drilling started:       8-13-07         Date well drilling completed:       8-14-07         If flowing, method of flow regulation:       Valve_NIA         Other (describe)       Other (describe)         Static Water Level:       90       feet above or Gelow (circle one) land surface       Date measured:       8-14-07         Method of Measurement (circle one)       steel tape       electric tape       air line       other:  | urpose of Well (circle one)       Industrial       Public Supply       Irrigation       Fish Culture       Other:   | Telephone No. ( <u>388) - 382 - 971</u>  | 08                          | Distance Direction            | of <u>LARVA</u>                       |
| Date well drilling started: <u>8-13-07</u> Date well drilling completed: <u>8-14-07</u><br>If flowing, method of flow regulation: Valve <u>NIA</u> Other (describe)   | bate well drilling started: <u>8-13-07</u> Date well drilling completed: <u>8-14-07</u><br>f flowing, method of flow regulation: Valve <u>NIA</u> Other (describe)  |  | Well I                      | Data                          | · · · · · · · · · · · · · · · · · · · |
| Date well drilling started: <u>8-13-07</u> Date well drilling completed: <u>8-14-07</u><br>If flowing, method of flow regulation: Valve <u>NIA</u> Other (describe)<br>Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>8-14-07</u><br>Method of Measurement (circle one) steel tape electric tape air line other:<br>Hole depth: <u>313'</u> Well depth: <u>373'</u> Well grouted to a depth of <u>10</u> feet<br>Type of grout (circle one): Cement Bentonite Mix<br>Casing length: <u>358</u> feet Casing diameter: <u>3</u> inches Type of casing: <u>PVC</u> .<br>Screen length: <u>15</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>DVC</u> .<br>Screen slot size: <u>000V</u> inches Setting depth: From <u>258</u> feet to <u>373</u> feet<br>Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development<br>Other (describe):<br>Top of lap pipe or reduction in casing: <u>feet</u> feet. If telescoped or more than one screen, describe on back of page<br>Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:<br>Name of organization running log(s): <u>NIA</u><br>Lectrify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>TAY House Mathematica Action and the Mississippi Department of Health regulations and state laws.   | bate well drilling started: <u>8-13-07</u> Date well drilling completed: <u>8-14-07</u><br>f flowing, method of flow regulation: Valve <u>NIA</u> Other (describe)  | Purpose of Well (circle one) Home Ind  | ustrial Public Supply       | Irrigation Fish Culture       | Other:                                |
| Static Water Level:   | tatic Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>8-14-07</u>  |  |                             | -                             |                                       |
| Method of Measurement (circle one)       steel tape       electric tape       (air line)       other:   | Atchod of Measurement (circle one)       steel tape       electric tape       air line       other:   | If flowing, method of flow regulation: Val   | ve NA Other (d              | escribe)                      |                                       |
| Hole depth:   | tole depth:   | Static Water Level:feet ab   | ove or below (circle one) l | and surface Date measured:    | 8-14-07                               |
| Type of grout (circle one):       Cement       Bentonite       Mix         Casing length:       358_feet       Casing diameter:       2   | Sype of grout (circle one):       Cement       Bentonite       Mix         asing length:       258       feet       Casing diameter:       2       inches       Type of casing:       PVC   |  | • •                         |                               |                                       |
| Casing length:  | asing length:       258_feet       Casing diameter:       2       inches       Type of casing:       DVC  | Hole depth: <u>373</u> Well dep  | $\sim$                      | Well grouted to a depth of    | <u>/O</u> feet                        |
| Screen length:       15 feet       Screen diameter:       2 inches       Type of screen:       DVC         Screen slot size:       .<   | creen length:   |  | (Bentonite) Mix             |                               |                                       |
| Screen slot size:   | creen slot size:OUUinches Setting depth: FromS58feet toA73feet<br>ype of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development<br>Other (describe):<br>op of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page<br>ogs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:<br>ame of organization running log(s): N/A<br>certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DV4 RAGdell 0-472AMMMM  | Casing length: <u>358</u> feet Casir   | ng diameter:                | inches Type of casing:        | pvc                                   |
| Screen slot size:   | creen slot size:OUUinches Setting depth: From58feet to73feet ype of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): op of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page ogs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: ame of organization running log(s): NIA certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.  DX4 RAGAEL 0-472   | Screen length: <u>15</u> feet Scree  | en diameter:                | inches Type of screen:        | DNC                                   |
| Other (describe):   | Other (describe):   | Screen slot size:  | Setting depth: From         | -                             | 273_feet                              |
| Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page<br>Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:<br>Name of organization running log(s): N/A<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>Tothe Ridgdell 0-472   | op of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page<br>ogs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:<br>ame of organization running log(s): N/A<br>certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX Rdgdell 0-472  | Type of completion (circle all applicable):  | Gravel packed Under         | reamed Telescoped Open        | hole (Natural Development)            |
| Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:   | ogs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:<br>ame of organization running log(s): N/A<br>certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>repartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DCK Rdgdell 0-472  |  | Other (describe):           |                               |                                       |
| Name of organization running log(s): N/A<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX Rogdell 0-472   | ame of organization running log(s): N/A<br>certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>repartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX Rdgdell 0-472<br>DARddddell 0-472  | Top of lap pipe or reduction in casing:  |                             |                               | en, describe on back of page          |
| I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX REGUED 0-472  | certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>repartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX ROGOEL 0-472  | Logs run (circle all applicable) No log rur  | Electric Gamma Ray          | Density Sonic Neutron         | Other:                                |
| I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX REGUED 0-472  | certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>repartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOX ROGOEL 0-472  | Name of organization running log(s): N   | IA                          |                               |                                       |
| Tor Ridgdell 0-472 Junh Ridgher   | DOK Ridgdell 0-472 Junh Ridgher   | I certify that the well was drilled, constru   | icted, and completed in a   |                               |                                       |
| DCK     Kidgdell     D-472     Signature of Water Well Contractor       Print Name of Water Well Contractor and License No.     Signature of Water Well Contractor  | Det Ridgdell 0-472     Jub Ridghu       rint Name of Water Well Contractor and License No.     Signature of Water Well Contractor   | Department of Environmental Quality a  | ad/or the Mississippi Dep   | artment of Health regulations | and state laws.                       |
| Print Name of Water Well Contractor and License No. Signature of Water Well Contractor  | rint Name of Water Well Contractor and License No.  | Dok Ridgdell D-472   | 2                           | Jack K                        | affer                                 |
|   |   | Print Name of Water Well Contractor and I  | License No.                 | signature of                  | Water Well Contractor                 |

e ' e

AUG 27 2007 BY: OLW R

8-142

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

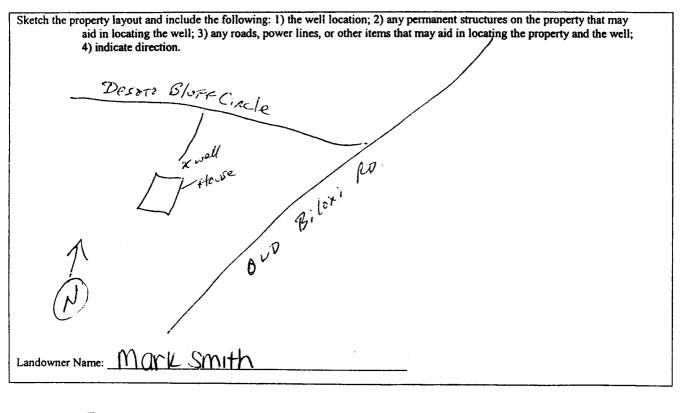
From To

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ORACICE POLICE CAU WI SOS

335

Caray Medium Caurse Saud OSC 973

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



Shew Signature of Water Well Contractor

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AUG 27 2007 BY: OLWR

|   |                          | STATE W  | ELL REPORT   |  |
|---|--------------------------|--|--|--|
| County: <u>JACK</u><br>Permit #:<br>Driller: <u>COAS</u><br>Date completed: | Water Well Sei           | Pump Installer<br>Mississippi Departme<br>Office of Land<br>P.O.<br>Jackson, J<br>(601 | Part 2<br>Ps Completion Report<br>nt of Environmental Quality<br>and Water Resources<br>Box 10631<br>MS 39289-0631<br>)961-5210<br>54-6938 (fax) | For Office Use Only:<br>Aquifer:<br>Well #: <u>E-192</u><br>Elevation: |
| This report sl<br>installation of   |                          | <br>the pump installer in det  | ail and filed with the Departme  | ent within 30 days of the  |
|   | Well Owner Inform        |  |  | ll Location  |
| Owner Name:   | Nark Smith               | <u>`</u>   | Latitude: 30°38'711'   | Longitude: <u>088° 49'90</u> 7   |
| Mailing Address:  | 3607 Deso                | to Bluff Circle  | Method of Lat/Long (circle or  | ne): Conventional Survey,  |
| · -   |                          |  | USGS quad, Hand  | I-held GPS, Survey-grade GPS   |
| $\overline{\lambda}$  | lance w                  | 18 395/05  |  | Twn T55 Rng R SW   |
| <u>N</u><br>1   | City State               | e Zip Code   |  | Nearest Town   |
| Telephone No. (228) 282 - 2708  |                          |  | 2 Miles MARTH o  |  |
| Telephone No. (2)   | <u>10) 282 - 21</u>      | <u></u>  |  | t  |
|   | Pump Type<br>Circle one  |  |  | wer Type<br>ircle one  |
| Air Lift  | (Jet )                   | Submersible  |  | e Engine Natural Gas   |
|   | $\bigcirc$               |  |  | -  |
| Bucket  | Piston                   | Turbine  | Electric Motor Hand  | Tractor PTO  |
| Centrifugal   | Rotary                   | Flowing Well   |  | (specify):   |
| Other (specify):  |                          |  | Horse Power Rating of Motor  |  |
| Date Pump Installe  | d: <u>8-110-0</u>        | 1  | Setting Depth: AOFt.C  |  |
| Rated Pump Capac  | ity:9                    | Gallons Per Minute   | Number of Stages:  | 3  |
|   | Pump Test Dat            | a  | Method of Me   | asuring Water Level  |
| Date Well Tested:   | 8-16-07                  |  |  | rcle one   |
| Static Water Level  | GA                       | et Below Land Surface  | Air Line Electric Mea  | suring Line Steel Tape   |
| Pumping Water Lev   | :A                       | et Below Land Surface  | Other (specify):   |  |
| Drawdown [(B) – (   |                          | et Below Land Surface  | For flowing well, measured sh  | ut in bood NIA   |
| est Pumping Rate:   | ` a                      | Gallons Per Minute   | Well yielded9  | •  |
|   |                          | · · · ·  |  |  |
| Duration of Pump  | l'est (minimum 4 hours   | s):hours   | NA feet after  | N P hours of pumping   |
| UEDEDV OFDET  | TV 46-4 466              |  | e 1  | 1  |
| TACKEBY CERT  | r i inai ine above state | ements are true to the best o $1172$   | I my knowledge.  | lice   |
|   |                          |  |  |  |

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