Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.D. Box 10631 Jackson, MS 39289-0631 (601) 961-5210 (601) 954-6938 (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 Information Owner Name Wayn. Hade. Mailing Address: COAL STOUGHESTING. Method of LawLong (circle one): Conventional Survey. Muscal Owner Name Wayn. Hade. Method of LawLong (circle one): Conventional Survey. Method of LawLong (circle one): Conventional Survey. Method of Mesurement (circle one): Industrial Public Supply Irrigation Fish Culture Other: Method of Mesurement (circle one): Steel tape electric tape air line) other: Method of Mesurement (circle one): Steel tape electric tape air line) other: Method of Mesurement (circle one): Steel tape electric tape air line) other: Method of Mesurement (circle one): Steel tape electric tape air line) other: Method of Mesurement (circle one): Cement Bentosite Mix Casing length: 19 feet Casing diameter: 2 inches Type of sereen: PVC Screen alot size: Other (describe): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): No log run) Electric Gamma Ray Density Sonic Neutron Other: Top of lap pipe or reduction in casing: NA foet. 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: Tock Right! O-Ha Signature of Water Well Contractor and License No. Signature of Water Well Contractor and License No. Signature of Water Well Contractor and License No.		State W	ell Report	D OF U. O.L.			
Owner Name Wayn Hade Sale Adverse Source of the well with the Department of Hardware Resources P.O. Box 10631 State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completein of drilling of the well. State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completein of drilling of the well. Well Owner Information Owner Name Wayn Hade Mailing Address: Scool School State Zip Code Telephone No BOS 338-7410 Well Decation Latitude: 30-34 Well Location Latitude: 30-34 Well Location Latitude: 30-34 Well Location Latitude: 30-34 Well Location Well Decation Well Decation Well Decation Method of Lat/Long (circle one): Conventional Survey, grade GPS Well Decation of Well drilling started: 30-35 Twm 755 Rng R SW Well Decation of Method of Row regulation: Valve Well Decation of Method of Measurement (circle one): State Water Level: 30 feet above of below circle one) land surface Date measured: 8-36-08 Method of Measurement (circle one): Steel tape electric tape air line other: Hole depth: 30 Feet Soreen diameter: 3 inches Type of casing: PVC Screen length: 10 feet Casing diameter: 3 inches Type of casing: PVC Screen length: 10 feet Casing diameter: 3 inches Type of screen: PVC Screen length: 10 feet Casing diameter: 3 inches Type of screen: PVC Screen length: 10 feet Casing diameter: 3 inches Type of screen: PVC Other (describe): 30 Feet Type of completed in accordance with all applicable requirements of the Mississippi Department of Health regulations and state laws. JACK RIGHEL CAST Completion of Health regulations and state laws. JACK RIGHEL CAST CAST CAST CAST CAST CAST CAST CAST	Takson	1	_	For Office Use Only:			
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Well Doard Name May Harde Mailing Address: 500 S. Double Still Rd Mathod of Lat/Long (circle one): Conventional Survey, 41 Mathod of Lat/Long (circle one): Circle GPS May Mailing Address: Size Still Rd Mailing Address: 500 S. Still Rd Mailing Address: 500 S. Mailing Address:	State Law requires that this report be prepared by the driller in detail and filed with the Department within						
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Signature of Water Well Contractor

RECEIVED

SEP 16 2008

BY: OLWR

STATE WELL REPORT

Part 2 County: Jackson **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:		
Aquifer:		
Well #:	E-159	
Elevation	:	

Date completed: 8-26-08 (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: 30°34'066" Longitude: 088°46'678" Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS, Survey-grade GPS NW 1/4 NW 1/4 Sec 33 Twn 755 Rng RSW Direction Nearest Town Distance **Power Type** Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Jet Air Lift Piston Turbine Electric Motor Hand Tractor PTO Bucket Rotary Flowing Well Windmill Other (specify): Centrifugal Horse Power Rating of Motor: Other (specify): 8-27-6 Date Pump Installed: ___ Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 8-27-08 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) – (A)]: ____NA Feet Below Land Surface For flowing well, measured shut in head: ___ 20 Well yielded Test Pumping Rate: _ Gallons Per Minute GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowl e dge.
John Elkins 0-7169	The Ether
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	7