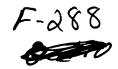
State W	ell Report			
	Part 1	For Office Use Only:		
County: CALLEDOI Mississippi Department	at of Environmental Quality	Aquifer:		
Permit #: Office of Land a	and Water Resources	Well #: 0-10-F-		
	Box 10631			
Jackson I	AS 39289-0631	L. S. Elevation:288		
	961-5210 4-6938 (fax)	E-log #:		
(001)33	(iux)			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.		_		
Well Owner Information	1	Location		
Owner Name Carroll Clifford III	Latitude: 30 • 34 , 39	" Longitude 088°.39' 157" ie): Conventional Survey, 09		
Mailing Address: 3512 HAVIII Pat.	Method of Lat/Long (circle or	ie): Conventional Survey, 07		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Gautier MS 39553 City State Zip Code	NE 1/4 NE 1/4 Sec 35	TWNT55 RNgR7W		
Telephone No. (238-497-2761	Distance Direction	Nearest/Town of Warcleane		
Weil	Land Data			
Purpose of Well (circle one Home Industrial Public Supply				
Date well drilling started: <u>4.29.00</u> Date w	vell drilling completed: 4 -	29.06		
If flowing, method of flow regulation: Valve NA Other (d				
Static Water Level:feet above or below (circle one)	and surface Date measured:	4-24-00		
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 330 Well depth: 330'	Well grouted to a depth of	10feet		
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>310</u> feet Casing diameter:	_inches Type of casing:	DVC		
Screen length:feet Screen diameter:inches Type of screen:				
Screen slot size: inches Setting depth: From	<u>314</u> feet to	330 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 tel	escoped or more than one scre	en, 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): NIA	cordance with all applicable	requirements of the Ministry		
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.				
Tack O: dadpil A-1170	Contractions of Arcanth Legulations	and state laws		
JULE KILLULI 0-410	Mul	e main		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		
	V	F. I. Inne W. Suns & V. Suns Inv		
		MAY 17 2006		

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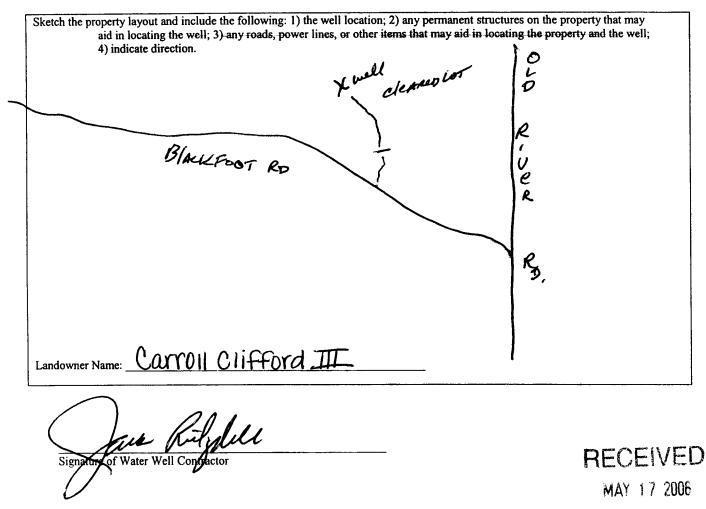


If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
TOP SOIL	0	$\boldsymbol{\lambda}$
Orange Clay	a	18
Brown coarse sand	18	38
White clay	38	$\psi \varphi$
BUE Clay	44	87
Groucharse sand	-ler	24
HUE CHU		<b>39</b> 4
GYUU COUSE SUI K	RSA	223
BILLE CILLA		
Gray cause sur m	-pro	
	_	

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



BY: OLWR

STATE WELL REPORT					
County: <u>Jackson</u> Permit #: Driller: <u>Coast Water Well</u> SVR Date completed: <u>4-29-06</u>	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)		ality Aquifer: Well #:	ice Use Only:	
This report should be prepared by the	e pump installer in deta	il and filed with the D	epartment within 30 da	ys of the	
installation of pump. Well Owner Informati Owner Name: <u>Carroll Cliffo</u> Mailing Address: <u>3512</u> Hav <u>Gautier</u> Me City State Telephone No. (234) 497-276	rd III ill Rd 5 39553 Zip Code	Method of Lat/Long USGS qua <u>NE</u> % <u>NE</u> % Distance Dir	Well Location $'391''$ Longitude: _0 $23''$ Longitude: _0         (circle one):       Convention:         ad, Hand-held GPS       Sur         Sec35'       Twn T55         rection       Nearest Tor         E       ofVanCl	al Survey, vey-grade GPS Rng_ <u>R7W</u> wn	
Pump Type Circle one		L	<b>Power Type</b> Circle one		
Air Lift     Jet       Bucket     Piston       Centrifugal     Rotary       Other (specify):		Setting Depth: 13	Gasoline Engine Hand Other (specify): of Motor: HP		
Pump Test Data Date Well Tested: (e - 28 - 0 (e Static Water Level (A): [00 Feet ]		Air Line Elec	od of Measuring Water Circle one etric Measuring Line	Level Steel Tape	
0	Below Land Surface Gallons Per Minute	For flowing well, me Well yielded2	asured shut in head: GPM with a c	1	
I HEREBY CERTIFY that the above statem <u>TACK <u>Ridadel</u> O Print Name of Pump Installer and License N</u>	-472		h hil feel Pump Installer	RECEIVED	

2 - 1

JUL 2 5 2006 BY: OLWR