| Part a never received 3/13 State | Well Report | | | |
|--|----------------------------------|-----------------------------|--|--|
| | Part 1 | For Office Use Only: | | |
| County: Jackson Mississippi Departn | ent of Environmental Quality | Aquifer: | | |
| Permit #: Office of Lan | d and Water Resources | Well #: K-506 | | |
| 1 Puiller 1 / / / S P / 1 / / T / # / / / / / / / / / / / / / / / |). Box 10631 , MS 39289-0631 | • | | |
| i i o o | , MS 39289-0031)1)961-5210 | L. S. Elevation: | | |
| (601) | 354-6938 (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 Craid BroadUS | Latitude: 30 · 32 · 46 | " Longitude: 088 · 40 · 114 | | |
| Mailing Address: Old RIVEY Rd. | Method of Lat/Long (circle on | e): Conventional Survey, | | |
| | | GPS, Survey-grade GPS | | |
| Jandlave MS 39505 City State Zip Code | SE 1/4 NE /4 Sec / 01 | Twn T65 Rng RTW | | |
| Telephone No. (200 297 - 0084 | Distance Direction 2 Miles | Nearest Town of Wordstan | | |
| Well Data | | | | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: | | | | |
| Date well drilling started: 4-19-06 Date well drilling completed: 4-19-06 | | | | |
| If flowing, method of flow regulation: Valve Other (describe) | | | | |
| Static Water Level: 35 feet above or below circle one) land surface Date measured: 4-19-06 | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | |
| Hole depth: Well depth: Well grouted to a depth of 10 feet | | | | |
| Type of grout (circle one): Cement Bentonite Mix | | | | |
| Casing length: 99 feet Casing diameter: 2 inches Type of casing: PVC BY: OLW | | | | |
| Screen length:feet Screen diameter:inches Type of screen: | | | | |
| Screen slot size: | | | | |
| 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. | | | | |
| behavement of Environmental Quanty and/or the Mississippi | Department of Health regulations | and state laws. | | |
| Jack fidadell 0-472 | | Kingdell | | |
| Print Name of Water Well Contractor and License No. | Signature of | Water Well Contractor | | |

If well telescopes please sketch below and show depths.

| Ground Level | Description of Formations Encountered TOP SOIL White Cay Blue Cay Brown Coarse Sand | From Q | To A |
|--------------|---|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| If more than one screen, show location of each on sketch | |
|---|-----------------------------------|
| Sketch the property layout and include the following: 1) the well location; 2) any permanent struct aid in locating the well; 3) any roads, power lines, or other items that may aid in locate direction. | RECEIVED MAY 1 5 2006 BY: OLWR |
| Landowner Name: Craig Broadus | proposets no Bile Home Size |

Signature of Water Well Contractor