State Well Report						
County: Jackson	Part 1 For Office Use Only:					
Mississippi D	epartment of Environmental Quality Aquifer:					
	of Land and Water Resources P.O. Box 10631 Adult: Well #: K - 630					
Driller: Coost Nater Well SRV.	P.O. Box 10631 ackson, MS 39289-0631 L. S. Elevation:					
Date drilling completed: 4/17/09	(601) 961-5210					
Date drilling completed: 4/11/101	(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 ROSCOLANC/Shane Wick	79 05					
Mailing Address: HWY57	Method of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held GPS Survey-grade GPS					
Varcleave, Ms 39568 City State Zip Co						
Telephone No. (208) 990 - 7873	Distance Direction Nearest Town 1/2 Miles 55 574 of VA we leave					
Well Data						
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: 4-17-09 Date well drilling completed: 4-17-09						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-17-09						
Method of Measurement (circle one) steel tape electric tape other:						
Hole depth: 368 FT Well depth: 368 FT Well grouted to a depth of 60 feet						
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 258 feet Casing diameter: 2 inches Type of casing: PVC						
Screen length: 10 feet Screen diameter: 6 inches Type of screen: PVC						
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: NA 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): Name of org						
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
Jack Kidgdell 0-472	Just kilder					

Print Name of Water Well Contractor and License No.

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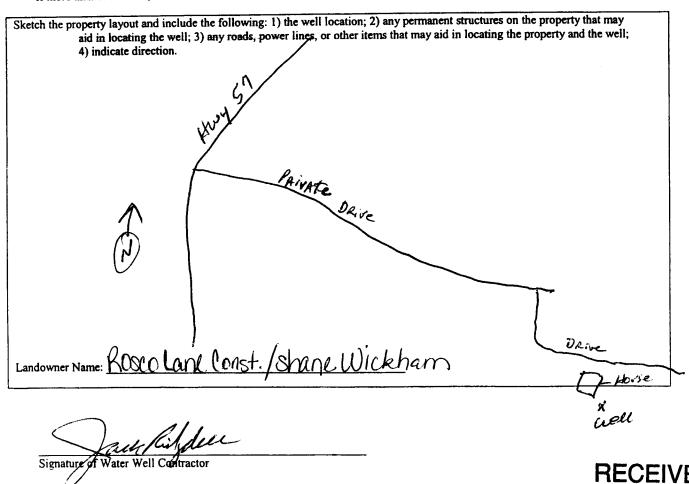
Signature of Water Well Contractor

MAY 0 7 2009

BY: OLWR

If well telescopes please sketch below and show depths. **Description of Formations Encountered** From Ground Level TOP Soil rangeclau ange Coarse letlay w/streaks of Sand

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



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BY: OLWR

STATE WELL REPORT					
County: Jackson Permit #: Driller Cast Water Ubl/SRV. Date completed: 4/17/09	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)			For Office Use Only: quifer: fell #: K & 3 C	
This report should be prepared by th	ie pump installer in deta	il and filed with the D	epartment w	ithin 30 days of the	
installation of pump. Well Owner Informat	Well Location				
Owner Name: ROSCO Land CORT. Mailing Address: Hwy 57 Vancteaue of State Telephone No. 889990-7873	Shanl Wickham 1539565 Zip Code	Method of Lat/Long (USGS qua SE 4 SW 4 Distance Directors	(circle one): (d. Hand-held) Sec 21	ngitude: <u>088° 41° 74</u> 5″	
Pump Type Circle one			Power ' Circle	one	
Air Lift (Jet)	Submersible	Diesel Engine	Gasoline En	gine Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill	Other (spec	ify):	
Other (specify):		Horse Power Rating of	of Motor:	HP	
Date Pump Installed: 5/19/09		Setting Depth: <u>SOF</u>	T. Drof	<u>pipe</u> feet	
77	Gallons Per Minute	Number of Stages:	2		
Pump Test Data		Metho	d of Mosen	ing Water Level	
Date Well Tested: 5/19/09 Static Water Level (A): 60 Feet	Below Land Surface Below Land Surface		Circle	one	
1	Gallons Per Minute hours	For flowing well, mea	<u>~1</u>	head: NA feet M with a drawdown of hours of pumping	
		<u> </u>			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

MAY 2 2 2009

Signature of Pump Installer