State W	'ell Report			
	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
Permit #: Office of Land a	nd Water Resources	Well #: <u>Q - 555</u>		
	30x 10631	•		
Jackson, M.	IS 39289-0631 961-5210	L. S. Elevation:		
Date disting completes.	i4-6938 (fax)	E-log #:		
	•			
State Law requires that this report be prepared by the	driller in detail and filed w	vith the Department within		
30 days of completion of drilling of the well. Well Owner Information	Wel	l Location		
	30	1. 100.42.210		
Owner Name LAKE GARRIER	Latitude 20 ° 28 '374	6 Longitude 088 • 43 267"		
Mailing Address: 6705 W. Belle FONTHING BARGE PR	Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS quad Hand-held	GPS, Survey-grade GPS		
Ocean Spains Us. 3984 City State Zip Code	56 1/5 W 1/4 Sec 18	Twit 85 Rng R7W		
-	Distance Direction 4 Miles SE	Nearest Town		
Telephone No. (60/) 520 - 1993		of Ocean Spains		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 7-18-09 Date well drilling completed: 7-19-08				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 55 feet above of below circle one) land surface Date measured: 7-19-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 500 FT. Well depth: 500 PT. Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 485 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: , 006 inches Setting depth: From 485 feet to 500 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 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	e requirements of the Mississippi		
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JACK RIDGORN 0-492 Jack Risphur				
MAR NIVOUSI D'UNI				
Print Name of Water Well Contractor and License No.		Water Well Contractor		

show depths.	_	1	
	1	From	oT (-€
WhiteCoarses Blueclay	Sand	36	30 413 50
	Description of Formation TOSOI Blue Clay Wish Blue Clay	Description of Formations Encountered TOPSOI Blue Clay Wistreaks of Sand White Coarse Sand Blue Clay	Description of Formations Encountered From TOPSOI Blue Clay Wisheaks Of Sand A White Charse Sand Blue Clay 40

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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.	Y
West Belle Formue Beach Daive How X well N	
Landowner Name: Lake Garner	

Signature of Water Well Chritactor

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BY: OLWR

STATE WELL REPORT			
Permit #: Driller: Constitute Characterist Mississippi Departmen Office of Land a P.O. E Jackson, M (601) (601)	For Office Use Only: Aquifer: Aquifer: Well #: 1961-5210 64-6938 (fax) Aquifer: Well #: Elevation: Aquifer: Well #: Aquifer: Aquifer: Well #: Aquifer: Aquifer: Aquifer: Aquifer: Well #: Aquifer: Aquife		
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 Owner Information	Well Location		
Owner Name: LAKO GARNER Mailing Address: 6705 W. Rellepoware Back De	Latitude: 30° 20′ 5714 Longitude: 088° 43′ 24′ 7° Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
Cospw Sparys, Ms. 3956 4 City State Zip Code Telephone No. (64) 520 - 1993	SE 1/4 SW 1/4 Sec 1/8 Twn T85 Rng R7W Distance Direction Nearest Town 4/h_Miles SF of Ocean Spings		
Pump Type Circle one	Power Type Circle one		
Air Lift Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 2		
Date Pump Installed: 7-26-08	Setting Depth: 807, Drop pin feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data Method of Measuring Water Level			
Date Well Tested: 7-26-08 Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head:		
Test Pumping Rate: 12 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Well yielded GPM with a drawdown of hours of pumping		
HEREBY CERTIFY that the above statements are true to the best of my knowledge. The River of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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