State	Well Report	
To yell	Part 1	For Office Use Only:
Permit #: Mississippi Departm	Mississippi Department of Environmental Quality	
Driller (Coor) (1/1)	Office of Land and Water Resources P.O. Box 10631	
Date drilling completed: 1-22-47 Jackson,	MS 39289-0631	Well #: F-176
(60	1)961-5210	L. S. Elevation:
State Low room (001)2	(601)354-6938 (fax)	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well. Well Owner Information	e driller in detail and filed w	E-log #:
Well Owner Information		
Owner Name Kevin Bregzle	,	Location
Mailing Address: Lot # 4 Doustrink Road	Latitude:	" Longitude:
4 Ohdustrial Road	Method of Lat/Long (circle one	e): Conventional Survey.
Oxford MS 38655 City State Zip Code	USGS quad, Hand-held	GPS, Survey-grade GPS
City State Zip Code	¼¼ Sec3	Twn_85 Rno 3W
Telephone No. (262) 816 - 0442	Distance Direction Miles	
Well	Date	0×+nd
Purpose of Well (circle one) Home Industrial Public C		
Date well drilling started:	Irrigation Fish Culture (Other:
Date well drilling started: \(\sum_{2.2} - 2.2 - 0.7 \) If flowing, method of flow regulation: Valve	well drilling completed:	2-07
B	••	
feet above or below circle one) l	and out	(
Method of Measurement (circle one) steel tape electric tape		
Hole depth: /25 Well depth: /25 M Type of grout (circle one): Cement Bentonite (Min)	air line other:	
Type of group (circle)	Well grouted to a depth of	10
	- 	icct
Casing length: // feet Casing diameter:		1.
Icet Screen dia		^
Screen slot size.	_inches Type of screen:	Pre
	//0feet to/.	2
Type of completion (circle all applicable): Gravel packed Underrea	amad to	
Other (describe):	aned relescoped Open hole	Natural Development
rop of lap pipe or reduction in cosis		
Top of lap pipe or reduction in casing:feet. If teles	coped or more than one screen	describe on back
Dictric Gamma Ray I	Janoite, o	
Name of organization running log(s):	Other Source Neutron Other	r;
certify that the well was drilled, constructed and	ordenes 141 . II	·
I certify that the well was drilled, constructed, and completed in according to the Mississippi Department of Environmental Quality and/or the Mississippi Department	ment of Hootel	rements of the Mississippi
Leeper Villing #	or result regulations and	State laws.

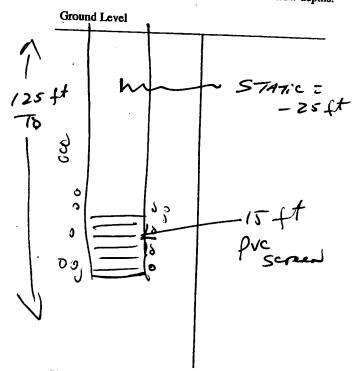
Print Name of Water Well Contractor and License No.

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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
Top Clay	0	10
Browd San L		
Drown Rack SAN L	10	50
White Sand		
Whate sand	50	125
	- 	
	 	
	 	
	 	
	 	
	 	
	1	
	1	
	1	

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

Industrial Road Landowner Name: Landow	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.
Tune. Prinz II	Jandustrial Road Lot#4 Hone Wall

Signature of Water Well Contractor

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STATE WELL REPORT

County: Permit #: Driller: Date completed:

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:	
Aqı	uifer:	
Wel	#: F-176	

This report should be prepared by the pump installer in detail and filed with the Department within 30 da

Well Owner Information	days of the
Owner Name: Kevir Breazle	Well Location
Mailing Address: Lot # 4 Industrial Road	Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey,
Ox ford M5 38655 City / State Zip Code Telephone No. (62) \$16 - 0442	USGS quad, Hand-held GPS, Survey-grade GPS
Pump Type	
Circle one Air Lift Jet Submersible	Power Type Circle one Diesel Engine Gasoline Roci
Piston Turbine	Natural Gas
Centrifugal Rotary Flowing Well	Blectric Motor Hand Tractor PTO Windmill Other (specify):
Other (specify):	
Date Pump Installed:	Horse Power Rating of Motor: 12 4P
Rated Pump Capacity: Zo Gallons Per Minute	Setting Depth:feet Number of Stages:
Pump Test Data	
Date Well Tested: 3-23-07	Method of Measuring Water Level Circle one
Static Water Level (A): Pec Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Feet Below Land Surface	
Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut in head:fcet
Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown of
	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best of Perint Name of Pump Installer and License No. (if applicable)	f my knowledge.
. (If applicable)	Signature of Pump Installer

BY: OLWR