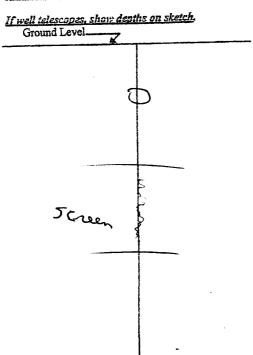
[]	State Well Report	For Office Use Only:		
County: LAMAY	Part 1 – Driller's Log			
Permit #: 0 - 586	Mississippi Department of Environmenta Office of Land and Water Resource			
	P.O. Box 2309	Well #: <u>A 183</u>		
Driller: JAMES WELLS	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:		
Date drilling completed: 8-2-09	(601)961- 5228 (fax)	E-log #:		
State Law requires that this report	t be prepared by the license holder respon	sible for the work and filed with the		
Department at the above address	within 30 days of completion of drilling o	of the well or borehole.		
Information on Well O (Landowner if borehole is not fo		Well or Borehole Location		
Owner Name Henry	Latitude: 31 °	<u> 4 , 11 " Longitude: 89 • 35 , 26"</u>		
Mailing Address: 106 cm		g (circle one): Conventional Survey,		
	USGS quad,	Hand-held GPS, Survey-grade GPS		
Sumall W	39482 NE 4ME 4	Sec_15_Twn_SN_Rng_16W		
City State	zip Code Distance I	Direction Nearest Town		
Telephone No. 601 520 4	7/6	Let of Suntall		
	Well / Borehole Data			
Date drilling started: 8-3-09 Date dril	ling completed: 8-3-09 Hole depth: 50	Hole diameter:		
Location of the source of any surface water Method of dosing and volume of Chlorine		2th Shock		
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray Density Sonic	Neutron Other:		
Purpose of borehole (check one): Water We	llGeotechnical/Geological Investigation_	Ground Source Heat Pump		
Seismic S If drilling is not related	urveyOther (<i>describe</i>) to water well construction, skip the remainde	r of this block		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: Z S feet above or below (circle one) land surface Date measured: Z - 0 9				
Method of Measurement (circle one) steel tape electric tape air line other:				
• • • • •	th of 10 feet Type of grout (circle one)			
	g diameter: <u>4</u> inches Type of	^		
	n diameter: <u>4</u> inches Type of	-		
Screen slot size: .008 inches	Setting depth: From <u>30</u> feet	to <u><u> </u></u>		
Type of completion (circle all applicable): (Gravel packed Underreamed Telescope			
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If telescoped or more that			
L,		Form: OLWR-SWR-1A (04/08)		

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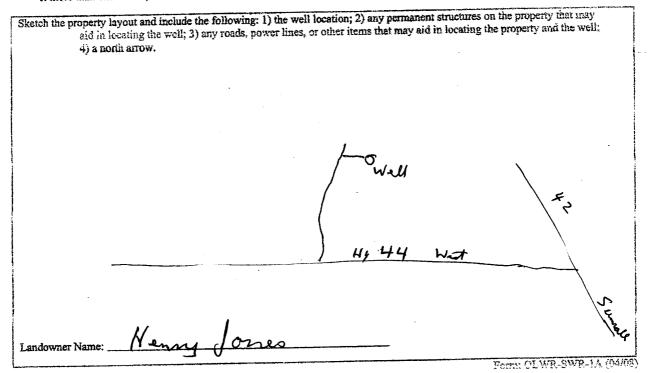
The sketch below only required for water wells



Description of formations encountered musi be provided for all wells and boreholes, unless specifically exempted by regulations

	Description of Formations Encountered	From (depth)	To (depth)
C/ / 20	Description of a change of the	Ground Level	
	01	1	20
	50.70	20	5-0
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			1

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



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

 Invest
 Invest

 The set Name of Responsible Licenses and Licenses No.
 Train

Jamos Walls

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STATE WELL REPORT	
Part 2	For Office Use Only:
Mississippi Department of Environmental Quality	Aquifer:
P.O. Box 2309	Well #:
(601)961-5210 (601)961-5228 (fax)	Elevation:
	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210

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This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Fart 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: Henry Jones	Latitude: 31 - 24 - 11 Longitude: 89 - 35 - 26			
Mailing Address: 106 Jone Pometery Rd	Method of Lat/Long (check one): Conventional Survey,			
Sumall MS	USGS quad, Hand-held GPS, Survey-grade GPS			
39482	NE 1/ NE 1/ Sector TSh RIGW			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (601) 520 47/6	_3_Miles West of Sumpall_			

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	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:	
Date Pump Installed:	8-3-0	9	Setting Depth:	45	feet
Rated Pump Capacity:	22	Gallons Per Minute	Number of Stages: _)/	

Pump Test Data Date Well Tested: 8-3-09	Method of Measuring Water Level Circle one	
Date Well Tested: 0 5 0 7 Static Water Level (A): 2 5 Feet Below Land Surface	Air Line Electric Measuring Line Steel Taps	
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:4 O_Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yielded <u>Z6</u> GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):4 hours	<u>25</u> feet after <u>4</u> hours of pumping	

I HEREBY CERTIFY	that the above sta	tements are true to the	best of my knowledge.	
TAMES			James Walls	
Print Name of Pump I	the second s		Signature of Pump Installer	ĺ
			Form: OLWR-SWR-1B (04/08)	
			RECE	IVED

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