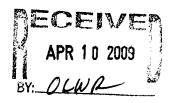
State W	/ell Report	For Office Her Only
	Driller's Log	For Office Use Only:
Mississippi Departmen	nt of Environmental Quality nd Water Resources	Aquifer:
	Box 2309	Well #: / 81
	n, MS 39225	L. S. Elevation:
	961- 5210 1- 5228 (fax)	
		E-log #:
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense holder responsible for th Soletion of drilling of the well o	e work ana juea wan ine or borehole.
Information on Well Owner		ehole Location
(Landowner if borehole is not for a water well)	Torinudo: 0 ' "	Longitude:''
Owner Name Lern Rauh		
Mailing Address: NV 589 M.	Method of Lat/Long (circle one	): Conventional Survey,
Nattiesburg MS	USGS quad, Hand-held C	
	¼ ¼ Sec	Twn 4N Rng 15W
$\frac{37707}{\text{City}}$		
101 -788 - 7582	Distance Direction <u>Solution</u> Miles MOTIN of	5 Simell ms
Telephone No. (0) 200 235 )		
Well / Bore	hole Data	
Date drilling started: $\frac{3-1809}{2}$ Date drilling completed: $\frac{3-1809}{2}$	9 Hole depth: 70 H	Hole diameter: 7
Location of the source of any surface, water used for drilling:	Presk .	
Location of the source of any surface water used for drilling:	opment: <u>Run</u> Shor	ek
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground S	Source Heat Pump
Seismic Survey Other ( <i>describe</i>	)	
If drilling is not related to water well construction, skip the remainder 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 0		
Static Water Level:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: <u>SO</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
Screen slot size: .008 inches Setting depth: From <u>\$0</u> feet to <u>70</u> 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 next page		
		Form: OLWR-SWR-1A (04/08)



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## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level

wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered From (depth) To (depth)

Ground Level Z

Clu Z Z5

S oct Z5

7 0

Description of formations encountered must be provided for all

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) a north arrow.

Reuls Landowner Name: ( Form: OLWR-SWR-1A (04/08)

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

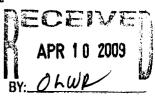
JAMES WELLS 0586

Print Name of Responsible Licensee and License No.

Date

amos Walls

Signature of Licensee



STATE WELL REPORT		
County: HIIA	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: JAMES WELLS	Office of Land and Water Resources P.O. Box 2309	D=181
Date completed: <u>3 - 18 - 09</u>	Jackson, MS 39225 (601)961-5210	Well #:
Copy information from block on Part 1	(601)961-5228 (fax)	Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

1	Well Owner Information	Well Location
м	when owner information when owner information when owner information tailing Address: $H \neq S \otimes 9 \text{ N}$ Address: $H \neq S \otimes 9 \text{ N}$ $Address \oplus N \otimes 9 \text{ N}$ Address	Latitude:       Longitude:         Method of Lat/Long (check one): Conventional Survey
1		

	Pump Typ 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 Ratin	g of Motor:	••••
Date Pump Install	ed: <u>3-18-</u>	09	Setting Depth:	60	feet
Rated Pump Capa	1	<b>S</b> Gallons Per Minute	Number of Stages:	<u> </u>	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 3-18-09	
Static Water Level (A):Feet 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	For flowing well, measured shut in head:feet
Test Pumping Rate: [5 Gallons Per Minute	Well yielded
Duration of Pump Test (minimum 4 hours):4 hours	

I HEREBY CERTIFY that the above statements are true to the bes TAMES WELLS 0-586	st of my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B (04/08)
	APR 10 2009 BY: OLUR