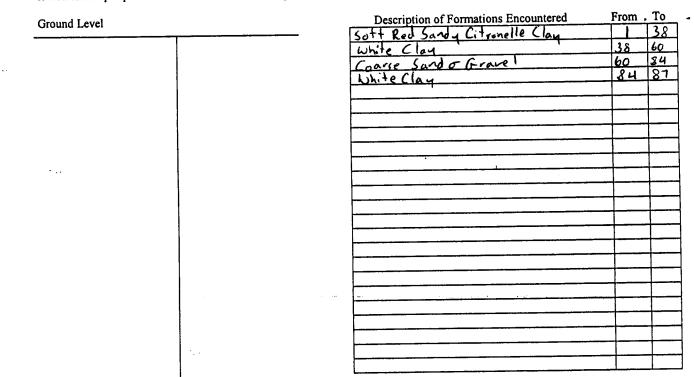
State W	ell Report	
	art 1	For Office Use Only: Aquifer: <u>6529</u>
Mississippi Departmen	t of Environmental Quality	
CRENN WATTER WELL & P.O. E	nd Water Resources 30x 10631	Well #:
Jackson, M	IS 39289-0631	L. S. Elevation:
Date drilling completed: 1/20/10 (601) (601)35	961-5210 4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	•	
Well Owner Information		Il Location
Owner Name Benji Rushing	Latitude: 31 • 31 • 57	1" Longitude: <u>90 • 31 ' 025</u> "
Mailing Address: 1715 Hurricane Lake Dr	Method of Lat/Long (circle o	
	USGS quad, Hand-held	1 GPS, Survey-grade GPS
Brookhaven MS 39601 City State Zip Code	<u>SE 4 SE 4 Sec 37</u>	2
Telephone No. (601) 757 - 8379	Distance Direction <u>3</u> Miles	of Brockhaven
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: 1/21/10 Date well drilling completed: 1/22/10		
If flowing, method of flow regulation: Valve Other (or		
Static Water Level: feet above or below (circle one)	land surface Date measured	1/22/10
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: <u>87</u> Well depth: <u>84</u>	Well grouted to a depth of	12_feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: <u>64</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: 20 feet Screen diameter: 4 inches Type of screen: Slotted PVC		
Screen slot size: . O 10 inches Setting depth: From <u>64</u> feet to <u>84</u> feet		
Type of completion (circle all applicable): Gravel packed Unde	erreamed Telescoped Ope	n hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in	accordance with all applicabl	le requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Do GRENN WATER WELL & SUPPLY, INC.		
WILLIAM L. HARDIN, LIC. NO. 0-802	willio	n Loe Hartin (Char)
Print Name of Water Well Contractor and License No.	Signature of	
		13 C Carrier Carrier C. C. Carrier Street
		FEB 1 7 2010
		BY: OLWP

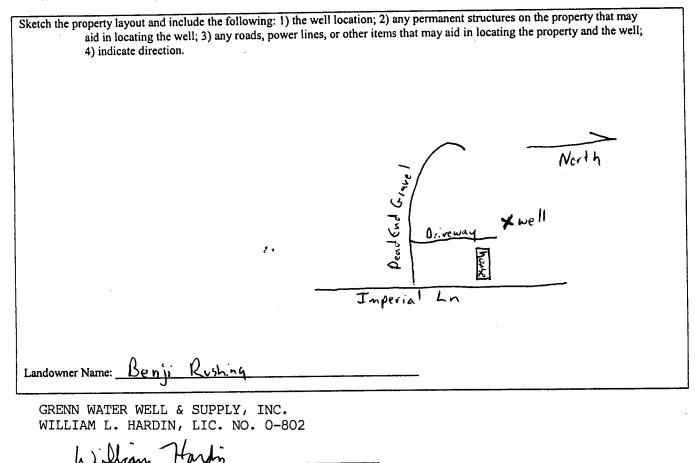
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If well telescopes please sketch below and show depths.



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



Signature of Water Well Contractor

County: <u>Lincoln</u> Permit #: <u>Permit #:</u> <u>Pump Installer</u> Mississippi Departme Office of Land P.O. Jackson, Date completed: <u>1</u> /27/100 (60	For Office Use Only: Part 2 "'s Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax)
This report should be prepared by the pump installer in definition of pump. Well Owner Information Owner Name: <u>Benj: Rushing</u> Mailing Address: <u>1715 Hurricane Lake D</u>	Latitude: 31 36565 N/Longitude: 90 30 921
Brook haven MS 39601 City State Zip Code Telephone No. (601) 89 757-8379	USGS quad Hand-held GPS Survey-grade GPS <u>SE 4 SE 4 Sec 32 Twn 7N Rng 7E</u> Distance Direction Nearest Town <u>3 Miles W of Broothquen</u>
Pump Type Circle one Air Lift Jet Bucket Piston Bucket Piston Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 1/23 Ido Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: $1/23/100$ Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 43 Feet Below Land Surface Drawdown [(B) – (A)]: 3 Feet Below Land Surface Test Pumping Rate: 13 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
I HEREBY CERTIFY that the above statements are true to the best GRENN WATER WELL & SUPPLY, INC. WILLIAM L. HARDIN, LIC. NO. 0-802 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. <u>William Lee Hardn</u> ((haz) Signature of Pump Installer RECE

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FEB 1 7 2010

BA: OTMB