County: MARION Permit #: Driller: GARY RAYborn Date drilling completed: 7-15-06 Pa Mississippi Department Office of Land an P.O. Bo Jackson, Mis (601)9 (601)354	For Office Use Only:art 1of Environmental Qualityof Environmental QualityAquifer: $M = 121$ Well #: $M = 121$ Well #: $M = 121$ L. S. Elevation: $M = 121$ E-log #:
State Law requires that this report be prepared by the orac 30 days of completion of drilling of the well. Well Owner Information Owner Name Roundtree \$Associates Mailing Address: P. O. Box 22864 <u>Jackson MS 39225-2864</u> City State Zip Code Telephone No. (601) 355-4530 Well D	Well Location Latitude: <u>31 ° 05 ' 16</u> " Longitude: <u>9 °52 ' 58</u> " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 4 NW 14 Sec 3 Twn IN Rng 13E</u> Distance Direction Nearest Town <u>10 Miles 5 of Y 12 r Town</u>
Date well drilling started: 7-15-06 Date well drilling started: If flowing, method of flow regulation: Valve Other (de Static Water Level: 47 feet above or below (circle one) here Method of Measurement (circle one) steel tape electric tape Hole depth: 180' Well depth: 180' Type of grout (circle one): Cement Bentonite Mix Casing length: 160 feet Casing diameter: 4" Screen length: 20 feet Screen diameter: 4" Screen slot size: .020 inches Setting depth: From	escribe) and surface Date measured: $7-15-06$ air line other: Well grouted to a depth of feet inches Type of casing: \underline{PVC} \underline{PVC} \underline{PVC} feet to $\underline{180}$ feet
Type of completion (circle all applicable): Gravel packed Under Other (describe):	Lescoped or more than one screen, describe on back of page Density Sonic Neutron Other:
	AUG 0 2 200 BY: OLW

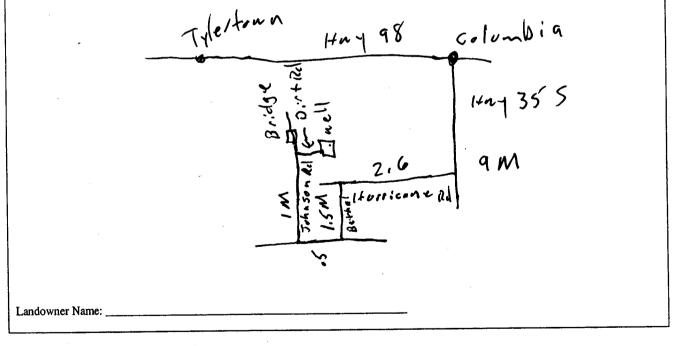
If well telescopes please sketch below and show depths.



Description	of Formations Encountered From	To
RED C	LAY O	40
SAND	40	70
CHALK	70	77
PEA GRA	IVEL 77	180
		-

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.



Signature of Water Well Contractor

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N-131

County: <u>Marion</u> Permit #: Driller: <u>GARY RAYbor</u> N Date completed: <u>7-15-06</u>	YborN -06 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: Aquifer: Well #: <u>N - 131</u> Elevation:
This report should be prepared by th installation of pump. Well Owner Informa			ent within 30 days of the ell Location
Dwner Name: Roundtree \$ A Mailing Address: P.O. Box 2: JACKSON MS City State Telephone No. (601) 355-4530	2864 39225-2864 Zip Code	Method of Lat/Long (circle o USGS quad, Har ¼¼ Sec Distance Direction	Longitude: one): Conventional Survey, nd-held GPS, Survey-grade GPS <u>3</u> Twn <u>IN</u> Rng <u>I3E</u> Nearest Town of <u>Tylestown</u>
Pump Type Circle one		1	Yower Type Circle one
Air Lift Jet	Submersible		line Engine Natural Gas
Bucket Piston Centrifugal Rotary	Turbine Flowing Well	Electric Motor Hand	d Tractor PTO
Other (specify):			or: 5HP
Date Pump Installed:	06	Setting Depth: ()5feet
Pump Test Data			Aeasuring Water Level
Date Well Tested: <u>7-15-0</u> Static Water Level (A): <u>47</u> Fee Pumping Water Level (B):Fee	et Below Land Surface	Air Line Electric M	Circle one easuring Line Steel Tape
	et Below Land Surface		shut in head:feet
Drawdown [(B) – (A)]:Fee	Fest Pumping Rate: 60 Gallons Per Minute		GPM with a drawdown of
Drawdown [(B) – (A)]:Fee Test Pumping Rate:60	Gallons Per Minute		hours of pumping

Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

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