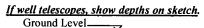
County: Morshall Permit #: Permit #: Driller: Jackson, Mossew Date drilling completed: $4-29-02$ State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
Permit #:			
Driller: Jackson, MS 39289-0631 Well #: 17 Jackson, MS 39289-0631 Date drilling completed: 4-29-08 Jackson, MS 39289-0631 State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
Driller: Jackson, MS 39289-0631 L. S. Elevation: Date drilling completed: 4-29-02 (601)961-5210 State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
(601)354-6938 (fax) E-log #: State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
State Law requires that this report be prepared by the license holder responsible for the work and filed with the			
Department at the above address within 30 days of completion of drilling of the well or borehole.			
Information on Well Owner Well or Borehole Location			
(Landowner if borehole is not for a water well)			
(Landowner if borehole is not for a water well) Owner Name <u>Bobby</u> <u>Brown</u> Method of Lat/Long (circle one): Conventional Survey, Method of Lat/Long (circle one): Conventional Survey,			
Method of Lat/Long (circle one): Conventional Survey,			
USGS quad, Hand-held GPS Survey-grade GPS			
Byhalia M5 38611 NE 4 Sec 22 Twn 35 Rng 5w			
ByhaliaM538611SwNCCityStateZip CodeDistanceDirectionNearest Town			
City State Zip Code Distance Direction Nearest Town			
Telephone No. (101) 553 - 4353			
Well / Borehole Data			
Date drilling started: 4-29-08 Date drilling completed: 4-29-08 Hole depth: 125' Hole diameter: 6314			
Location of the source of any surface water used for drilling:			
Location of the source of any surface water used for drilling:A			
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (<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 <u>~</u> Other (describe)			
Static Water Level: $\underline{0}$ feet above or below circle one) land surface Date measured: $\underline{5-(-0.8)}$			
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Ineight</u> .			
Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 115 feet Casing diameter: 4 inches Type of casing: put			
Screen length: <u>10</u> feet Screen diameter: <u> </u>			
Screen slot size: . OIOinches Setting depth: Fromfeet tofeet tofeet			
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			
RECEIN			
JUN 13:			

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BY:	0	L	W	R
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H- 332

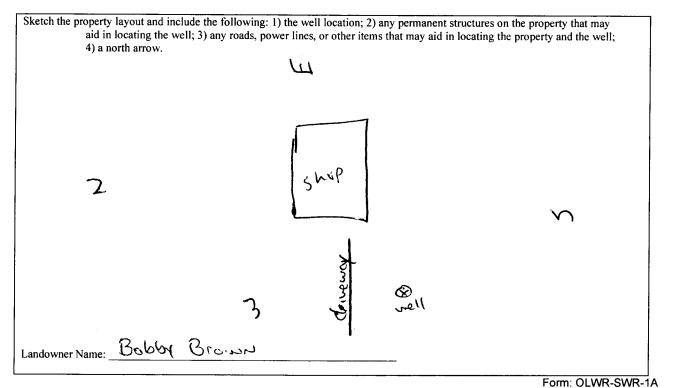
The sketch below only required for water wells



<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

vel	Description of Formations Encountered	d From (depth)	To (depth)
	clay dirt.	Ground Level	
	while soud	30	<u>کد</u>
	white clay	55	75
	white sound.	75	125
	······································		

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 laws.

Signature of Licensee RECEIVED Jones W. Moson 0-620 5-22-08 Print Name of Responsible Licensee and License No. Date

JUN 1 3 2008 BY: OLWF

STATE WELL REPORT				
County: Marshall	Part 2 Pump Installer's Completion Report	For Office Use Only:		
Permit #:	Mississippi Department of Environmental Quality	Aquifer:		
Driller: Jores w. Moson	Office of Land and Water Resources P.O. Box 10631	Well #: H-332		
Date completed: <u>5-1-08</u>	Jackson, MS 39289-0631 (601)961-5210	Well #:		
Copy information from block on Part 1	(601)354-6938 (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. Well Owner Information Well Location

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: Bobby Brown	Latitude: <u>N34'48.545</u> Longitude: <u>W089'42'784</u>		
Mailing Address: 276 shorm cot Loop	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia MS 38611 City State Zip Code	NE 1/ SW 1/ Sec 22 T 35 R 5W		
	Distance Direction Nearest Town		
Telephone No. (99) 553 - 4353	13/4 Miles NW of wotson		

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: 3/4			
Date Pump Installed: _	5-1-08	······	Setting Depth:	/00	_feet
Rated Pump Capacity:	(0	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: <u><u>S-1-0P</u></u>	Circle one		
Static Water Level (A): 70 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
	Other (specify): String (weight		
Pumping Water Level (B):Feet Below Land Surface	······································		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: () Gallons Per Minute	Well yielded <u>IO</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u> </u>	$\mathcal{M}_{\text{feet after}} \mathcal{H}_{\text{hours of pumping}}$		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
<u>Jores w. Mesor</u> 0-620 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	······
This value of Fully instance and cicclise No. (if applicable)	V Signature of Pump Installer	
		JUN 1 3 2008

BY: OLWR