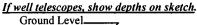
	State W	ell Report	For Office Use Only
County: Marshall	Part 1 – Driller's Log		For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer: Well #: <b>J-287</b>
Driller: Jones w. Moson	P.O. Box 2309 Jackson, MS 39225		
Date drilling completed: 6-6-08	(601)961- 5210		L. S. Elevation:
	(601)96	1- 5228 (fax)	E-log #:
State Law requires that this repor			
Department at the above address			or borenoie.
(Landowner if borehole is not fo	or a water well)	Latitude 34 . 49 , 195	" Longitude: 89 037 , 570 "
Owner Name Oon Looiser		Latitude	31
Mailing Address: LOT 14 fimberridge		Latitude: <u>34 ° 49 ,195</u> " Longitude: <u>89 ° 37 ,570</u> " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
			$\sqrt{Twn}$ $35$ $Rng$ $4\omega$
Byhalia M	38611	<u> 300 1/4 2 1/4 Sec 16</u>	$V$ Twn <u>55</u> Rng $\Upsilon \omega$
Byhalia Mi City Stat	te Zip Code	Distance Direction	Nearest Town of <u>lictoria</u>
Telephone No. (901) 299-548	°0		
	Well / Bore	hole Data	
Date drilling started: 6-6-00 Date dri	lling completed: 6-6-0	Hole depth: 155	Hole diameter: 6314
Location of the source of any surface wate	r used for drilling:	4-	
Location of the source of any surface wate Method of dosing and volume of Chlorine	e used in drilling and devel	opment: NA	
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 W	ell <u>Geotechnical/Geol</u>	ogical Investigation Ground	Source Heat Pump
Seismic S If drilling is not related	Survey Other ( <i>describe</i> to water_well construction	) n, skip the remainder of this bla	ock
Purpose of Well (check one): Home <u>/</u> In	ndustrial Public Supply	Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 6-(2-08			
Method of Measurement (circle one) steel tape electric tape air line other: <u>string I weight</u>			
Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length:			
Screen length: $20$ feet Screen diameter: <u>finches</u> Type of screen: $pull$			
Screen slot size: <u>010</u> inches Setting depth: From <u>135</u> feet to <u>155</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 tel	escoped or more than one scree	en, describe on next page
			Form: OLWR-SWR-1A (04/08

1.

JUL 07 2008 BY: OLWR

J-287

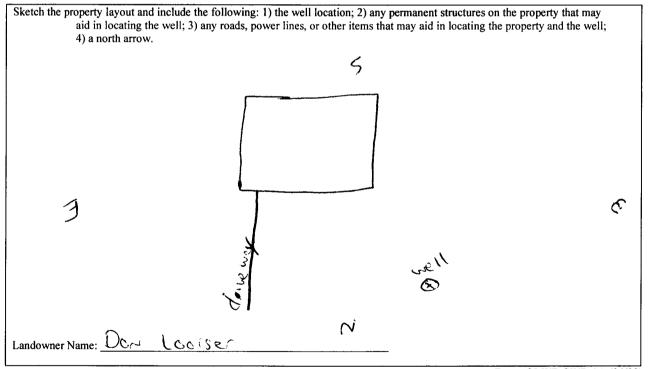
## The sketch below only required for water wells



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

el	Description of Formations Encountered		To (depth)
K	clay dirt.	Ground Level	18
	Rock	18	19
	Blue clay	19	55
	Rock	55	56
	while clay	56	70
	Rock.	70	21
	Blue clay.	ורי	115
	where sound	115	155
	· · · · · · · · · · · · · · · · · · ·		
		+	1
		1	[

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



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

Signature of Licensee James 41 Mayor Cr620 7-2-08 RECEIVED Print Name of Responsible Licensee and License No. Date

JUL 07 2008 BY: OLWR

	STATE WELL REPORT	
County: Marshall	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Jones un Moson	Office of Land and Water Resources P.O. Box 2309	T= 202
Date completed: 6-12-08	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. W. III

Well Owner Information	well Location
Owner Name: Dow Looiser	Latitude: 34.49.195 Longitude: 89.37.510
Mailing Address: LOT 14 timberridge	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Byhalia Ms 38611 City State Zip Code	<u>Sw 1/4 SE 1/4 Sec 16 T 35 R 4w</u>
	Distance Direction Nearest Town
Telephone No (811) 299 - 5480	12/8 Miles SW of victoria

	Pump Ty Circle on			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	1: 6-12-	30	Setting Depth:	120	feet
Rated Pump Capaci	ty:( ( (	Gallons Per Minute	Number of Stages: _	8	

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: $\zeta - i\partial - \delta$	Circle one	
Static Water Level (A): 100 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 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jaes withon 0-620	gos w. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWREECOATOBVEC

JUL 07 2008 **BY: OLWR**