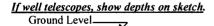
	State Well Report	
County: Marshall	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environment	al Quality Aquifer:
Permit #:	Office of Land and Water Resour	ces Well #: <u>M- 8/</u> L. S. Elevation: <u>388'</u>
Driller: Janes us. Moson.	P.O. Box 10631	288'
Date drilling completed: <u>4-14-08</u>	Jackson, MS 39289-0631 (601)961-5210	
	(601)354-6938 (fax)	E-log #:
	t be prepared by the license holder respo within 30 days of completion of drilling	
Information on Well ()wner	Well or Borehole Location
(Landowner if borehole is not fe	r a water well)	43,879, Langituda, 84 . 42,14
Owner Name Woyne Castlet		$\frac{43}{50}, \frac{87}{50}, \frac{14}{50}$
	Method of Lat/Lo	ong (circle one): Conventional Survey,
Mailing Address: 894 10660	LO CITICE USGS and	, Hand-held GPS, Survey-grade GPS
		$4 \text{ Sec } \frac{14 \text{ V}}{14 \text{ Twn}} \frac{4 \text{ Sec } 14 \text{ V}}{14 \text{ Twn}} \frac{4 \text{ Sec } 14 \text{ V}}{14 \text{ Sec}} \frac{14 \text{ Sec}} \frac{14 \text{ Sec}} \frac{14 \text{ Sec}} \frac{14 \text{ Sec}} 14 \text{ Sec$
Buhalia MS	3861 12 4500	4 Sec 17 V Twn 75 Rng JC
Byhalia MS City Sta	e Zip Code Distance	Direction Nearest Town
Telephone No. (101) 335- 73	1'14 Miles	NE of What wall hill
	Well / Borehole Data	
Data drilling started of 14-14-08 Data dri	lling completed: 4-(4-08 Hole depth: _	155' Hole diameter 63/4
Date drifting started: $-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1$	Hing completed: Hole depth: _	Hole diameter.
Location of the source of any surface water	r used for drilling: ۲۰۰۸	
Method of dosing and volume of Chloring	used in drilling and development: αr^{+}	
Logs run (circle all applicable) No log run	Electric Gamma Ray Density Sonic	
Logs run (circle all applicable) No log run Name of organization running log(s): <u>A</u>	Electric Gamma Ray Density Sonic	Neutron Other:
Logs run (circle all applicable) No log run Name of organization running log(s): <u>A</u> Purpose of borehole (check one): Water W	Electric Gamma Ray Density Sonic Geotechnical/Geological Investigation	Neutron Other:
Logs run (circle all applicable) No log run Name of organization running log(s): <u>A</u> Purpose of borehole (check one): Water W Seismic S	Electric Gamma Ray Density Sonic Geotechnical/Geological Investigation EurveyOther (<i>describe</i>)	Neutron Other:
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MAY 2 0 2008 BY: OLWR

1- 81

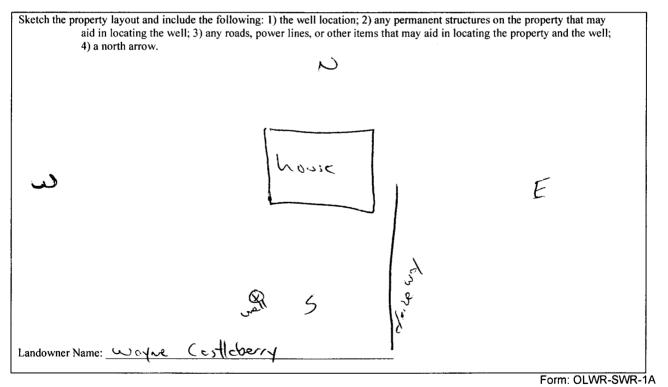
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
 cley dirt.	Ground Level	18
govel	18	30
led soud	30	<u>-15</u>
while clay	45	60
white said	60	75
white clay	75	90
while soul	90	(55
		1
		1
		1
		+
		1
· · · · · · · · · · · · · · · · · · ·		1
		+
L	1	- I

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.

Date

W. M. Jan 0-620 5-12 -00 cres

Signature of Licensee

Print Name of Responsible Licensee and License No.

MAY 2 0 2008 BY: OLWR

RECEIVED

	STATE WELL REPORT	
County: Morshall	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Driller: Jores W. Mason	P.O. Box 10631 Jackson, MS 39289-0631	Well #: <u>M-81</u>
Date completed: <u>4-16-08</u>	(601)961-5210	Elevation: 388'
Copy information from block on Part 1	(601)354-6938 (fax)	

This part of the report must be completed by a licensed water well a report must be attached and both parts filed with the Department a	
Well Owner Information	Well Location
• • •	

Owner N	ame: worke	Costleber	14	La
Mailing A	Address: 894	rebbecca	dive	Me
				U
	Byhalia	MS	38611	<u>1</u>
	City	State	Zip Code	

Telephone No. (101) 335 - 2334

Well Location		
Latitude: 34-43-829 Longitude: 89.42.146		
Method of Lat/Long (check one): Conventional Survey,		
USGS quad, Hand-held GPS $\underline{\checkmark}$, Survey-grade GPS		
USGS quad, Hand-held GPS_, Survey-grade GPS NE 1/4 SW 1/4 Sec_14 T_45 R_5w		
Distance Direction Nearest Town		
I'ly Miles NE of while hill		

· · · · ·	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:	4-16-0	d ⁶	Setting Depth:	160	feet
Rated Pump Capacity: _	(0)	Gallons Per Minute	Number of Stages: _	8	

Pump Test Data	Method of Measuring Water Level		
Date Well Tested: <u>4-16-08</u> Static Water Level (A): <u>60</u> Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface	Other (specify): <u>String [meight</u>		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u> </u>	- hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Tores as Mason 0-670 Print Name of Pump Installer and License No. (if applicable)	
Print Name of Pump Installer and License No. (if applicable)	Bignature of Pump Installer
	Form: OLWR-SWR-1B
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