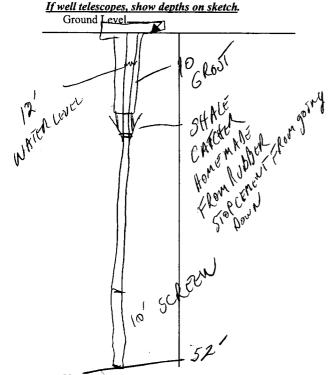
	T State Well Report	t
County: PEARL - River	Part 1 – Driller's Lo	
Permit #:	Mississippi Department of Environm Office of Land and Water Rea	
Driller: Jock R. BURGE	P.O. Box 10631	Well #: <u>Q - 67</u>
Date drilling completed: 5/17/05	Jackson, MS 39289-063 (601)961-5210	1 L. S. Elevation:
(601)354-69.		E-log #:
State Law requires that this repu	rt he prepared by the license holder	esponsible for the work and filed with the
Department at the above addres	s within 30 days of completion of dril	ing of the well or borehole.
Information on Well	Owner	Well or Borehole Location
(Landowner if borehole is not	for a water well) 30	.514240 "Longitude: 89.625212
Owner Name Gill h ANO SA	Letitude:	Longitude:'
Mailing Address: 2631 Hu		tt/Long (circle one): Conventional Survey,
	USGS	uad, Hand-held GPS, Survey-grade GPS
1-10-1	NW NV	V 20 6S 16W
Lichy June /	12 31464	/)
. ,	1	Direction Nearest Town
Telephone No. 601 798-5.	2/3	CS 20/4 01 1/ CA 400
1 .	Well / Borehole Data	
Date drilling started: 5/1964 Date d	rilling completed: <u>SMOP</u> Hole dep	h: <u>52</u> Hole diameter: <u>2</u>
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling: <u>Mom</u> we used in drilling and development:	h: <u>52</u> Hole diameter: <u>2</u> Y Home WERL 2 CAC IN WATOR TO
Logs run (circle all applicable): No log ru	n Electric Gamma Ray Density So	
Name of organization running log(s):		
Purpose of borehole (check one): Water W	/ell Geotechnical/Geological Investiga	tion Ground Source Heat Pump MAY 2 4 20
Scisific	SurveyOther (<i>describe</i>)	
If drilling is not related	towater well construction, skip the rem	ainder of this block BY: OLV
Purpose of Well (check one): Home	ndustrial Public Supply Irrigation_	Fish Culture Other:
	-	Fish Culture Other:
If a flowing well, method of flow regulation	on: Valve Other (describe)	
	on: Valve Other (describe)	Date measured: <u>\$/12/0p</u>
If a flowing well, method of flow regulation Static Water Level:feet a	on: Valve Other (describe) poove or below (circle one) land surface teel tape electric tape air line	Date measured: <u>S/12/0p</u> other: <u>STRING</u> wEigh5
If a flowing well, method of flow regulation Static Water Level:	on: Valve Other (describe) powe or below (circle one) land surface teel tape electric tape air line epth of 2° feet Type of grout (circle	Date measured: <u>S/12/0p</u> other: <u>S7R1Wg & wEigh5</u> one): Neat Cement Bentonite Mix
If a flowing well, method of flow regulation Static Water Level:	on: Valve Other (describe) bove or below (circle one) land surface teel tape electric tape air line epth of 2° feet Type of grout (circle ing diameter: inches Type	Date measured: $\frac{5/12/00}{0000000000000000000000000000000000$
If a flowing well, method of flow regulation Static Water Level: 2 feet al Method of Measurement (circle one) s Well depth: 52 Well grouted to a de Casing length: 52 feet Casi Screen length: 10 feet Screen	on: Valve Other (describe) bove or below (circle one) land surface teel tape electric tape air line epth of 2° feet Type of grout (circle ing diameter: inches Type	Date measured: $\frac{5/12/0p}{\text{other: } S7Riwg + weight}$ one): Neat Cement Bentonite Mix ope of casing: PVC pe of screen: $SLOT$
If a flowing well, method of flow regulation Static Water Level:	on: Valve Other (describe) powe or below (circle one) land surface teel tape electric tape air line epth of $\angle O$ feet Type of grout (circle ng diameter: $\angle Z$ inches Ty en diameter: $\angle Z$ inches Ty Setting depth: From $\angle 4/2$	Date measured: $\frac{5/12/0p}{\text{other: } S7Riwg + weight}$ one): Neat Cement Bentonite Mix ope of casing: PVC pe of screen: $SLOT$

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Form: OLWR-SWR-1A

The sketch below only required for water wells

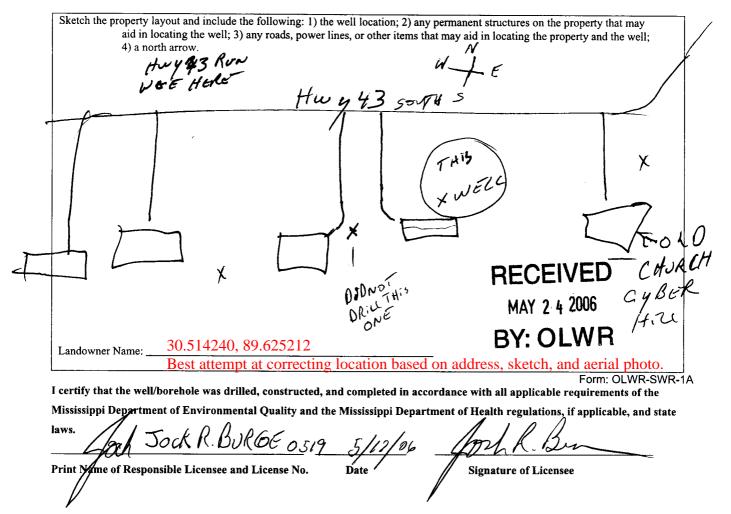


<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

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Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
REDCLAY	0	5
RCACK DIRT	5	12
WHITECLAY	12	20
BCACKDING	20	32
BLUECLAY	32	34
WHITECH 4	34	36
SAND	36	52
		-
	· · · · · · · · · · · · · · · · · · ·	
	···· ····	

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



STATE WELL REPORT				
county.	For Office Use Only:			
	s Completion Report at of Environmental Quality Aquifer:			
	and Water Resources			
1.0.	MS 39289-0631 Well #:			
)961-5210 (54-6938 (fax) Elevation:			
This part of the report must be completed by a licensed water well				
<u>report must be attached and both parts filed with the Department of</u> Well Owner Information	at the above address within 30 days of well completion. Well Location			
Owner Name: Cill + ASSX, LAND DEVLOPER'S	Latitude:Longitude:			
Λ ,				
Mailing Address: Hory 43N, Picage WENS,	Method of Lat/Long (check one): Conventional Survey,			
2631 Hury 453	USGS quad, Hand-held GPS, Survey-grade GPS			
<u>Lichydale 195. 39466</u> City State Zip Code	<u>¼¼ SecJ9T_45R_/8</u> w			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (69) 728-5213	12 Miles SONTH of 1. CAYNE			
	OFF Hary 43			
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			
Sentrifuger Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: <u>5/17/5 /</u>	Setting Depth: 25 RECEIVE			
Rated Pump Capacity: Gallons Per Minute	Number of Stages: MAY 2 4 2006			
	BY: OI W			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface	Other (specify): <u>STRing With WEighti</u>			
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 o				

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

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Signature of Pump Installer

Form: OLWR-SWR-1B