STATE WELL REPORT						
County: Scott Permit #:	Mississippi Depart Office of La Jacks ((60 <i>be prepared by the</i> <i>ithin 30 days of con</i> a water well)	mpletion of artiting of the well o	hole Location gitude: <u>-89.722</u>): Conventional Surv			
Morton Ms 39117 City State Zip Code Telephone No. (601) 842-5026						
	drilling completed: vater used for drilling a un Electric Gamm Well I Geotechni ic Survey Other of Mome Industria Ation: Valve [above or I belo (check one) Steel tape Electric depth of: <u>10</u> f asing diameter: <u>4</u>	ng: Running creek nd development: Granular ma Ray Density Sonic Neutro ical/Geological Investigation (describe)	ted chlorine on Other: Ground Source Heat Pro- of this block Fish Culture ed: 02/06/202	ump		
Screen slot size: <u>8</u> inches Type of completion (check all applicabl Other (<i>describe</i>):	Setting depth: e): Gravel packed⊻	From <u>460</u> feet to Underreamed Open hole	480	feet		
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next page						

County: Scott]
Permit #:	

The sketch below only required for water wells



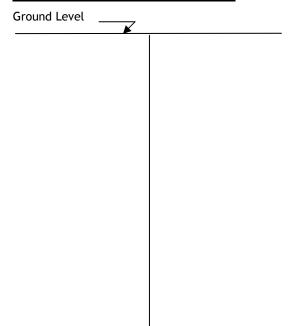
For Office Use Only:

J54

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

Well #: ___

If we	ll telescones	show depths	s on skøtch
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Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	3
Clay	3	420
Sand	420	480

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

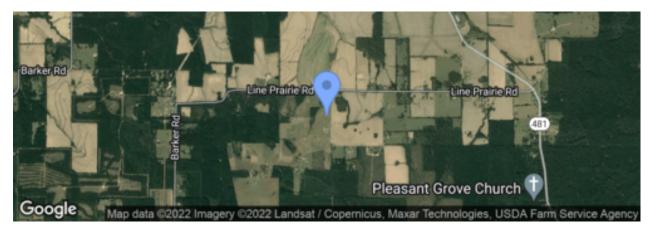
Sketch the property layout and include the following:

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) north arrow



Landowner Name: Larrry Jackson

I HEREBY 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.

Josh Boone 00008683 Print Name of Responsible Licensee and License No. 03/08/2022 Date

Josh Boone Signature of Licensee

Form: OLWR-SWR-1B (4/13)