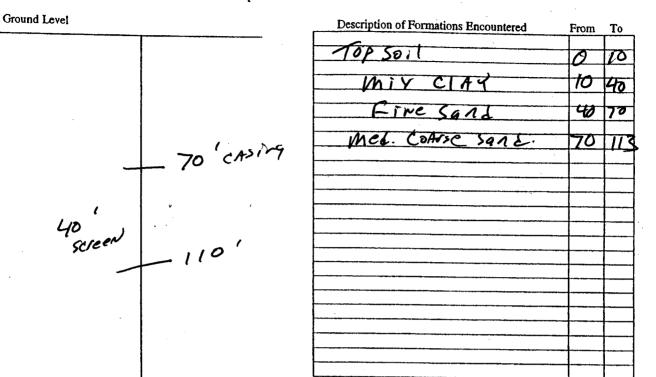
| State Well Report     Part 1     Print # @W4[94:0]     Office of Land and Water Resources     P.O. Box 10631     Date:     Well Date:     Date:     Date:     Proj:     Date:     Date: <t< th=""><th>1 A A A A A A A A A A A A A A A A A A A</th><th>Fork Creek Rd.</th><th><b>—</b> · · · ·</th><th></th></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 A A A A A A A A A A A A A A A A A A A                                                                                                                                                                                    | Fork Creek Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>—</b> · · · ·                                                                        |                                                                               |
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| Courty:   Not (Figure)     Permit # GW (1/9 is 0)     Date stilling completed:   15:000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            | State We                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ell Report                                                                              |                                                                               |
| Permit # @WUI960   Mailing State Of Land and Water Resources     Differ:   Data dilling completed:   Image: Second Mail Second Mail Resources     Data dilling completed:   Image: Second Mail Second Mail Resources   Image: Second Mail Second Mail Resources     State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.   Well Owner Information     Owner Name B + R FANOMS (Second Bayton   Latitude: 32 - 51 - 52 ** Longitudeffer • 50 - 61     Mailing Address 21 3321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 3321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 3321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 3321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Address 21 321 H Lusy 1   Method of Lat/Long (circle one): Conventional Survey.     Mailing Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sharkein                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | For Office Use Only:                                                          |
| Demonse (2004/21/2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Detter:   DATA   PO. Box 10031     Date duling completed:   H_S_OT   Jackson, MS 39289-0631     Outer the duling completed:   H_S_OT   Bits to support to be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.     Well Owaer laformation   Well Owaer laformation   Well Location     Owaer Name B+R DAMMS ( GOMP Boy Kan   Latitude: 32 - 51 - 51 - 50 - 50 - 50 - 50 - 50 - 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Permit #: (209196)                                                                                                                                                                                                         | Office of Land ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nd Water Resources                                                                      | Well # F- 40                                                                  |
| Date ditting completed:   45-07   (601)951-5210<br>(601)354-6938 (fax)   E-tog #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Driller: John Newcome                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| (601)334-6938 (fax)   Pieg #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Data drilling completed: 4-5-07                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | L. S. Elevation:                                                              |
| 30 days of completion of drilling of the well.   Well Owner Information     Owner Name BAR Famms ( Gome Boykin)   Latitude: 32.* 51. 52." Longitude 0.* 50.* 57.     Mailing Address 21.331 Hussy /   Method of Lat/Long (circle one): Conventional Survey.     Rulloc Fores, MS.   Method of Lat/Long (circle one): Conventional Survey.     City   State   219 Code     Telephonebre (62.)   379.199   Miles   Diamoc     Diamoc   Nearest Town   Nearest Town     Purpose of Well (circle one) Home   Industrial   Public Supply   Imigation     Parpose of Well (circle one) Home   Industrial   Public Supply   Imigation     State   21.9 Code   Miles   Diamoc   Nearest Town     State well drilling startet:   4.5 - 0.7   Date well drilling completed:   4.5 - 0.7     Date well drilling startet:   10   Well Data   State   3.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date antiting completed:                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | E-log #:                                                                      |
| 30 days of completion of drilling of the well.   Well Owner Information     Owner Name BAR Famms ( Gome Boykin)   Latitude: 32.* 51. 52." Longitude 0.* 50.* 57.     Mailing Address 21.331 Hussy /   Method of Lat/Long (circle one): Conventional Survey.     Rulloc Fores, MS.   Method of Lat/Long (circle one): Conventional Survey.     City   State   219 Code     Telephonebre (62.)   379.199   Miles   Diamoc     Diamoc   Nearest Town   Nearest Town     Purpose of Well (circle one) Home   Industrial   Public Supply   Imigation     Parpose of Well (circle one) Home   Industrial   Public Supply   Imigation     State   21.9 Code   Miles   Diamoc   Nearest Town     State well drilling startet:   4.5 - 0.7   Date well drilling completed:   4.5 - 0.7     Date well drilling startet:   10   Well Data   State   3.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2.9 (2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Well Owner Name BAR Fearmans ( Geone Boykon   Latitude: 32. 51. 52." Longitude 0. 50. 51.     Mailing Address 2/133/1 Husy /   Reference Boykon   Latitude: 32. 51. 52." Longitude 0. 50. 51.     Mailing Address 2/133/1 Husy /   Reference Boykon   Method of Lat/Long (circle one): Conventional Survey.     Reference Boykon   Reference Boykon   Method of Lat/Long (circle one): Conventional Survey.     Reference Boykon   Reference Boykon   Method of Lat/Long (circle one): Conventional Survey.     Reference Boykon   State   Zip Code     Telephone (nd C2), 379-/093   Well Data     Purpose of Well (circle one) Home Industrial Public Supply (brigation)   Fish Culture Other:     Date well drilling started: 4-5-07   Date well drilling completed: 4-5-07     Date well drilling started: 4-5-07   Date well drilling completed: 4-5-07     State Water Level:   feet above or below (circle one) land surface   Date measured:     Bate well drilling started: 4-5-07   Date well drilling completed: 4-5-07   Itemative drilling completed: 4-5-07     State Water Level:   feet above or below (circle one) land surface   Date measured:   Itemative drilling completed: 4-5-07     State Water Level:   feet above or below (circle one) and surface   Date measured:   Itematine     State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | driller in detail and filed w                                                           | nth the Department within                                                     |
| Owner Name B+R Famms ( Gong Boykin<br>Mailing Address 2/1331 H usy /<br>Returble C Fo 24, MS.<br>City State Top Code<br>Telephone (4.62.), 379-1093<br>Well Data<br>Purpose of Well (circle one) Home Industrial Public Supply Inigation Fish Culture Other:<br>Date well drilling started: 4-5-07<br>Date well drilling started: 4-5-07<br>Date well drilling completed: 4-5-07<br>H flowing, method of flow regulation: Valve Other (describe)<br>State Water Level: feet above or below (circle one) land starkee Date measured:<br>Hole depth: Must generate the measured in the measured in the measured in the feet of the measured in the starkee Difference of the starkee Difference |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Wel                                                                                     | Location                                                                      |
| Mailing Address: 21331 Hugy /<br>Ralling Address: 21331 Hugy /<br>Ralling Address: 21331 Hugy /<br>Ralling Address: 219 Code<br>Telephone (662) 379-1093<br>(iv) State Zip Code<br>Telephone (662) 379-1093<br>Well Data<br>Purpose of Well (circle one) Home Industrial Public Supply Imigation Fish Culture Other:<br>Date well drilling started: 4-5-07 Date well drilling completed: 4-5-07<br>If flowing, method of flow regulation: Valve Other (describe)<br>Static Water Level: feet above or below (circle one) land surface Date measured:<br>Hole depth: Mell depth: Mix<br>Casing length: feet above or below (circle one) land surface Date measured:<br>Static Water Level: feet above or below (circle one) land surface Date measured:<br>Method of Measurement (circle one) steel tape electric tape air line other:<br>Hole depth: Mell depth: Mix<br>Casing length: feet Screen diameter: Lonches Type of screen: Yec<br>Screen slot size: inches Setting depth: From feet to feet of the Mississippi Department of Health regulations and state laws.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Rellinger Forker, MS.   39159     City   State   Zip Code     Telephone (40.62), 379-1093   Disaccontrol (100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100                                                                                                                                                | Owner Name SAK Hammy (                                                                                                                                                                                                     | Gene boyking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Latitude: <u>JA ° JI · SJ</u>                                                           | _" Longitude 70 ° 50 ' 80 '                                                   |
| Rellinger Forker, MS.   39159     City   State   Zip Code     Telephone (40.62), 379-1093   Disaccontrol (100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100                                                                                                                                                | Mailing Address: 21331 Hu                                                                                                                                                                                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Method of Lat/Long (circle o                                                            | ne): Conventional Survey,                                                     |
| 39159   State   Zip Code     City   State   Zip Code     Digance   Digance   Digance     Miles   Economic   Of Concentration     Purpose of Well (circle one) Home   Industrial   Public Supply   Integration     Purpose of Well (circle one) Home   Industrial   Public Supply   Integration     Purpose of Well (circle one) Home   Industrial   Public Supply   Integration     Date   well drilling completed:   14-5-07   Date well drilling completed:   14-5-07     If flowing, method of flow regulation:   Valve   Other (describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | $\sim$                                                                        |
| City   State   Zip Code     Telephone (6.62), 37.9 - 1093   Disance   Disance   of EgneMont     Well Data     Purpose of Well (circle one) Home Industrial Public Supply (rigation) Fish Culture Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | KOLLING I DIE                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Telephone 48. (2_). 37.9 - 10.9.3   Disance   Miles   Image: Construction of Constructin of Construction of Construction of Construction of Construction                                                                       |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 540 14 5 14 Sec_2(                                                                      | J Twn LN Rng GW                                                               |
| Telephone H6.(PL) 3197-1093   C   Miles   C   G   GCAMIES     Well Data     Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:     Date well drilling completed:     Jate well drilling completed:   J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Date well drilling completed:     J-S-OT     Method of Measurement (circle one) steel tape     Other (describe)     Type of grout (circle one):     Caning light:     JO     Green diameter:   JO     Joste colspan= Casing diamet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Distance Direction                                                                      | Nearest Town                                                                  |
| Well Data     Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:     Date well drilling started: $4-5-07$ Date well drilling completed: $4-5-07$ If flowing, method of flow regulation: Valve   Other (describe)     Static Water Level:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Telephone 48.42, 379-109                                                                                                                                                                                                   | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>G</u> Miles <u>E</u>                                                                 | of Egremont                                                                   |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:     Date well drilling started:   4-5-07     Date well drilling started:   4-5-07     If flowing, method of flow regulation: Valve   Other (describe)     Static Water Level:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | J                                                                             |
| Date well drilling started: $4-5-07$ Date well drilling completed: $4-5-07$ If flowing, method of flow regulation:   Valve   Other (describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            | Well I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jaca                                                                                    |                                                                               |
| If flowing, method of flow regulation: ValveOther (describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Purpose of Well (circle one) Home Ind                                                                                                                                                                                      | lustrial Public Supply (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Irrigation Fish Culture                                                                 | Other:                                                                        |
| If flowing, method of flow regulation: ValveOther (describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date well drilling started: 4-5-0                                                                                                                                                                                          | 7 Dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | well drilling completed: 4.                                                             | -5-07                                                                         |
| Static Water Level:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Method of Measurement (circle one)   steel tape   electric tape   air line   other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | If flowing, method of flow regulation: Val                                                                                                                                                                                 | lve Other (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | escribe)                                                                                |                                                                               |
| Method of Measurement (circle one)   steel tape   electric tape   air line   other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Static Water Level:feet at                                                                                                                                                                                                 | pove or below (circle one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and surface Date measured                                                               | ·                                                                             |
| Hole depth:   113   Well depth:   110   well grouted to a depth of   10   feet     Type of grout (circle one):   Cement   Bentonite   Mix     Casing length:   70   feet   Casing diameter:   16   inches   Type of casing:   PVC     Screen length:   40   feet   Screen diameter:   16   inches   Type of screen:   PVC     Screen slot size   50   inches   Setting depth:   From   70   feet to   110   feet     Type of completion (circle all applicable):   Gravel packed   Underreamed   Telescoped   Open hole   Natural Development     Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Type of grout (circle one):   Cement   Bentonite   Mix     Casing length:   70   feet   Casing diameter:   16   inches   Type of casing:   PVC     Screen length:   40   feet   Screen diameter:   16   inches   Type of screen:   PVC     Screen slot size:   0.50   inches   Setting depth:   From   70   feet to   110   feet     Type of completion (circle all applicable):   Gravel packed   Underreamed   Telescoped   Open hole   Natural Development     Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                          | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | air nne outer:                                                                          | ~                                                                             |
| Casing length:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hole depth: Well de                                                                                                                                                                                                        | pth:[D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ Well grouted to a depth of                                                            | feet                                                                          |
| Casing length:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type of grout (circle one): Cement                                                                                                                                                                                         | Bentonite Mix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                               |
| Screen length:   40   feet   Screen diameter:   16   inches   Type of screen:   PVC     Screen slot size:   Screen diameter:   16   feet to   110   feet     Type of completion (circle all applicable):   iravel packed   Underreamed   Telescoped   Open hole   Natural Development     Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | P.J.A.                                                                        |
| Screen slot size:  inches   Setting depth: Fromfeet tofeet tofeet     Type of completion (circle all applicable):   Cravel packed   Underreamed   Telescoped   Open hole   Natural Development     Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                            | ing diameter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | inches Type of casing:                                                                  | 146                                                                           |
| Screen slot size:  inches   Setting depth: Fromfeet tofeet tofeet     Type of completion (circle all applicable):   Cravel packed   Underreamed   Telescoped   Open hole   Natural Development     Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Screen length: <u>40</u> feet Scre                                                                                                                                                                                         | een diameter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | inches Type of screen:                                                                  | PVC                                                                           |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development<br>Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Somen slot size: ACO inches                                                                                                                                                                                                | Contraction of a Province                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ~ 3                                                                                     |                                                                               |
| Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page<br>Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:<br>Name of organization running log(s):<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississipp<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The second se                                                                                                            | Gravel packed Under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rreamed Telescoped Ope                                                                  | n hole Natural Development                                                    |
| Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page<br>Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:<br>Name of organization running log(s):<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississipp<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 ype of completion (circle all applicable):                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               |
| Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ype of completion (circle all applicable):                                                                                                                                                                                 | Other (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | <b>-</b>                                                                      |
| Name of organization running log(s):<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOM Neurone O-773<br>Print Name of Water Well Contractor and License No.<br>Signature of Water Well Contractor<br>REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | -                                                                             |
| Name of organization running log(s):<br>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br>DOM Neurone O-773<br>Print Name of Water Well Contractor and License No.<br>Signature of Water Well Contractor<br>REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | elescoped or more than one se                                                           | -                                                                             |
| I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississipp<br>Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.<br><u>DOM Neurone</u> O-773<br>Print Name of Water Well Contractor and License No.<br>Signature of Water Well Contractor<br>REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Top of lap pipe or reduction in casing:                                                                                                                                                                                    | feet. If t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | reen, describe on back of page                                                |
| Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.      JOHNEWOME   O-773   Johney Contractor     Print Name of Water Well Contractor and License No.   Signature of Water Well Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru                                                                                                                                     | feet. If t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | reen, describe on back of page                                                |
| John Newcome O-773 Johnsone<br>Print Name of Water Well Contractor and License No.<br>REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable). No log ru<br>Name of organization running log(s):                                                                                             | feet. If t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Density Sonic Neutron                                                                   | reen, describe on back of page<br>Other:                                      |
| REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr                                              | feet. If the feet of the feet | Density Sonic Neutron                                                                   | creen, describe on back of page<br>Other:<br>e requirements of the Mississipp |
| REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr                                              | feet. If the feet of the feet | Density Sonic Neutron                                                                   | creen, describe on back of page<br>Other:<br>e requirements of the Mississipp |
| REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr                                              | feet. If the feet of the feet | Density Sonic Neutron                                                                   | creen, describe on back of page<br>Other:<br>e requirements of the Mississipp |
| , CH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr<br>Department of Environmental Quality a<br> | feet. If the feet of the feet | Density Sonic Neutron<br>accordance with all applicabl<br>partment of Health regulation | creen, describe on back of page<br>Other:                                     |
| , CH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr<br>Department of Environmental Quality a<br> | feet. If the feet of the feet | Density Sonic Neutron<br>accordance with all applicabl<br>partment of Health regulation | creen, describe on back of page<br>Other:                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr<br>Department of Environmental Quality a<br> | feet. If the feet of the feet | Density Sonic Neutron<br>accordance with all applicabl<br>partment of Health regulation | creen, describe on back of page<br>Other:                                     |
| DV·/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr<br>Department of Environmental Quality a<br> | feet. If the feet of the feet | Density Sonic Neutron<br>accordance with all applicabl<br>partment of Health regulation | creen, describe on back of page<br>Other:                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Top of lap pipe or reduction in casing:<br>Logs run (circle all applicable): No log ru<br>Name of organization running log(s):<br>I certify that the well was drilled, constr<br>Department of Environmental Quality a<br> | feet. If the feet of the feet | Density Sonic Neutron<br>accordance with all applicabl<br>partment of Health regulation | creen, describe on back of page<br>Other:                                     |

If well telescopes please sketch below and show depths.



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) indicate direction. Creck Jurk L Hur Fork Creek Loop Ro Fisn SEGREMONT Pcm Landowner Name: B+R Farms (Gene Boykin) itcMo 70 Well lorn Field Signature of Water Well Contractor

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| SILONIC                                                                                                                   |                                                                                                 | LL REPORT                                                                                                                               |                                                           |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Counce $Harkey$<br>Permit #: <u>Gul 41967</u><br>Driller: <u>J. NEWCome</u><br>Date completed: <u><math>4-5-07</math></u> | Pump Installer's<br>Mississippi Department<br>Office of Land a<br>P.O. B<br>Jackson, M<br>(601) | art 2<br>Completion Report<br>t of Environmental Quality<br>nd Water Resources<br>lox 10631<br>S 39289-0631<br>961-5210<br>4-6938 (fax) | For Office Use Only:<br>Aquifer:<br>Well #:<br>Elevation: |
| This report should be prepared by the installation of pump.                                                               | e pump installer in detail                                                                      | and filed with the Departm                                                                                                              | ent within 30 days of the                                 |
| 21221 11                                                                                                                  | s<br>by Kin                                                                                     | Latitud 32-51-5<br>Method of Lat/Long (circle                                                                                           | nd held CDC August and CDC                                |
| City State                                                                                                                | Zip Code -                                                                                      | Distance Direction                                                                                                                      |                                                           |
| Pump Type<br>Circle one                                                                                                   |                                                                                                 | 1                                                                                                                                       | Power Type<br>Circle one                                  |
| Air Lift Jet                                                                                                              | Submersible                                                                                     | Diesel Engine Gaso                                                                                                                      | line Engine Natural Gas                                   |
| Bucket Piston                                                                                                             | Turbine                                                                                         | Electric Motor Han                                                                                                                      | d Tractor PTO                                             |
| Centrifugal Rotary                                                                                                        | Flowing Well                                                                                    | Windmill Othe                                                                                                                           | er (specify):                                             |
| Other (specify):                                                                                                          |                                                                                                 | Horse Power Rating of Mot                                                                                                               | tor: 60                                                   |
| Date Pump Installed: 4-6-0                                                                                                | 7                                                                                               | Setting Depth: 60                                                                                                                       | feet                                                      |
| Rated Pump Capacity: 2500                                                                                                 | _Gallons Per Minute                                                                             | Number of Stages: 2 5                                                                                                                   | tay (204                                                  |
|                                                                                                                           |                                                                                                 |                                                                                                                                         |                                                           |
| Pump Test Data                                                                                                            |                                                                                                 | Method of I                                                                                                                             | Measuring Water Level                                     |
| Date Well Tested:                                                                                                         |                                                                                                 |                                                                                                                                         | Circle one                                                |
| Date Well Tested:                                                                                                         |                                                                                                 | Air Line Electric M<br>Other (specify):                                                                                                 | Circle one<br>feasuring Line Steel Tape                   |
| Date Well Tested:                                                                                                         | Below Land Surface<br>Bolow Land Surface<br>Below Land Surface                                  | Air Line Electric M<br>Other (specify):<br>For flowing well, measured                                                                   | Circle one<br>Acasuring Line Steel Tape                   |

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