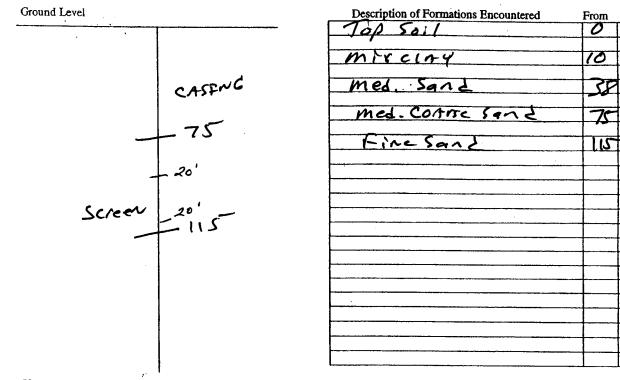
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nilor: J. HEWLEWE 0TT3 P.O. BOX 10631 max Jackson, MS 39289-0631 L.S. Blevator: State Law requires that this report be prepared by the driller In detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Well Owner Information Well Construction Auting Address: PO BOX 450 Little: J2. S3: 12.° Longinde: 90 + 50° 6.3° Auting Address: PO BOX 450 Laitude: 32. S3: 12.° Longinde: 90 + 50° 6.3° Auting Address: PO BOX 450 Laitude: 32. S3: 12.° Longinde: 90 + 50° 6.3° Method of Lat/Long (circle one): Conventional Survey. USGS quad. Gand. held GPS Survey.grade GPS 50° 6.3° Method of Lat/Long (circle one): Conventional Survey. USGS quad. Gand. held GPS Survey.grade GPS 50° 6.3° Method of Lat/Long (circle one) is State Zip Code State Sige of KOLLING: POOR Well Data Vell Data State Sige of KOLLING: POOR Purpose of Well (circle one) Home Industrial Public Supply (Irright) Fish Culture Other:	Mississippi Departitell	Mississippi Department of Environmental Quality		
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Aailing Address: \square	Owner Name Martin Forms	Latitude: 32 . 53. 13	2" Longitude: 90 • 50' 63"	
Anguilla, ms 38721 City State Zip Code Felephone No. Geo B73-704c Well Data Well Data Distance Distance Purpose of Well (circle one) Home Industrial Public Supply Urgatos Date well drilling started: 4-10-09 Date well drilling completed: 4-10-09 If flowing, method of flow regulation: Valve Other (describe)				
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relephone No. (wa) 873 - 704.	City State Zip Code	Distance Direction	Nearest Town	
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Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): No log TOP Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):	Method of Measurement (circle one) steel tape electric tape Hole depth: Well depth: Mi Type of grout (circle one): Cement Bentonite Mi Casing length: feet Casing diameter: Mi Screen length: feet Screen diameter: (Screen slot size: inches Setting depth: From Type of completion (circle all applicable): Gravel packed Und	Well grouted to a depth of x inches Type of casing inches Type of screen hfeet to ferreamed Telescoped O	of \boxed{D} feet $\frac{PVC}{115}$ feet pen hole Natural Development	
Logs run (circle all applicable): No log TP Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississip Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>JOHN NEWCOME 0-7773</u> Print Name of Water Well Contractor and License No. Print Name of Water Well Contractor and License No. <u>APR 2 3</u>				
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississip Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one	e screen, describe on back of page	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississip Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>JOHN NEWCOME 0-773</u> Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEN APR 2 3	Logs run (circle all applicable): No log run Electric Gamma F	ay Density Sonic Neutro	n Other:	
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APR 2.3	JOHN NEWCOME 0-773	- you	Newale	
	Print Name of Water Well Contractor and License No.	Signati	Ine of Water Well Contractor	
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If well telescopes please sketch below and show depths.



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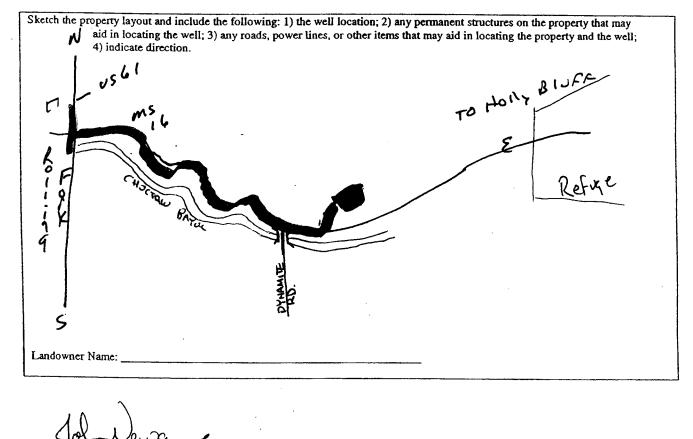
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75

119

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

Signature of Water Well Contractor



STATE W	ELL REPORT	
County: Sharkey Pump Installer Permit #: Office of Land	Part 2 's Completion Report ont of Environmental Quality and Water Resources Box 10631	
Date completed: <u>4-10-09</u> (601) (601)3:	MS 39289-0631 Well #: J961-5210 54-6938 (fax) Elevation:	
This report should be prepared by the pump installer in deta installation of pump.	ail and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: Martin Farms	Latitude: 32° 53' 12" Longitude: 90° 50' 03"	
Mailing Address: PO Box 456	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad Hand-held GPS Survey-grade GPS	
Anguilla MS 38721 City State Zip Code	SE 1/ NE 1/4 Sec 17 TWN IQN Rng GW	
City - State Zip Code	Distance Direction Nearest Town	
Telephone No. 663 873 - 7096	4 Miles SE of Rolling Fork	
Рштр Туре	Power Type	
Circle one	Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 4110/09	Setting Depth: feet	
Rated Pump Capacity: 2800 Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one	
Static Wate Nevel Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): Freet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge	
Conr Kowe O-711P		
Print Name of Rump Installer and License No. (if applicable)	Signature of Pump Installer BECEI	

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APR 2 3 2009

BY: OLWR