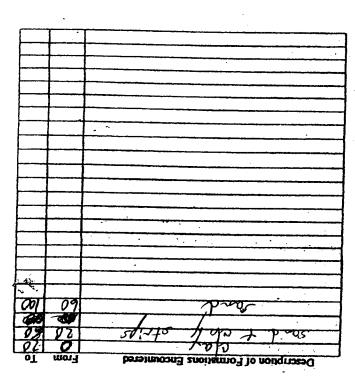
i 1	State Well Report	Per Office Use Only:
County: Smith	Part 1	
	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifor-
Permit #:	P.O. Box 10631	Well #: 12 - 91
Driller John V Thankson	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 10-31-06	(601)961-5210	- 3'
	(601)354-6938 (fax)	B-log #:
State Law requires that this yet	port be prepared by the driller in detail and filed w	with the Department within
30 days of completion of drilling	g of the well.	
Well Owner Inform	nation Wei	Location
Owner Name Jenbury Onshor	Latitude:	* Longitude: " "
10 a/ 2 1		Comments of Comments
Mailing Address: 1. 1. Do. 6	Method of Lat/Long (circle or	ne): Conventional Survey,
Laure 111)	USGS quad, Hand-held	GPS, Survey-grade GPS
	14 14 Sec 2	Two 10 N Rag 13W
City St	ate Zip Code	
Telephone No. ()	Distance Direction 4 Miles // W	Nearest Town of Soud
	Well Data	. , , , ,
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Tig Suffy		
Date well drilling started: 10-31-06 Date well drilling completed: 10-31-06		
If flowing, method of flow regulation: V	alveOther (describe)	
Static Water Level: 50 feet :	bove ar below (circle one) land surface Date measured:	10-31-06
Method of Measurement (circle one)	steel tape (electric tape) air line other:	·
IAR	10)	21
Hole depth: 00 Well d	epth: 100 Well grouted to a depth of	ficet
Type of grout (circle one): Cement	Bentonile Mix	
Casing length: 80 feet Cas	ing diameter: inches Type of casing:	PVC
2.7	11	PILC Clottel
	reen diameter:inches Type of screen:	100 3 10176
Screen slot size: , 000 inches	Scatting depth: Prom 80 foot to	100 feet
	: Gravel packed Underreamed Telescoped Open	hole (Natural Development
	Other (describe):	
Top of hap pipe or reduction in casing:	feet. If telescoped or more than one ser	von, describe on back of page
Logs run (circle all applicable). No log	un) Electric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, count	tructed, and completed in accordance with all applicable	vocationments of the Missississis
	ander the Mississippi Department of Health regulation	
- All		77
John W Thompson	0-6/9 Lha W	The Da
Print Name of Water Well Contractor an	d License No. Simustane ed	FWater Well Contractor
,		WHEN WELL COMPACTOR DECINE

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If well releacopes please sketch below and show depths.

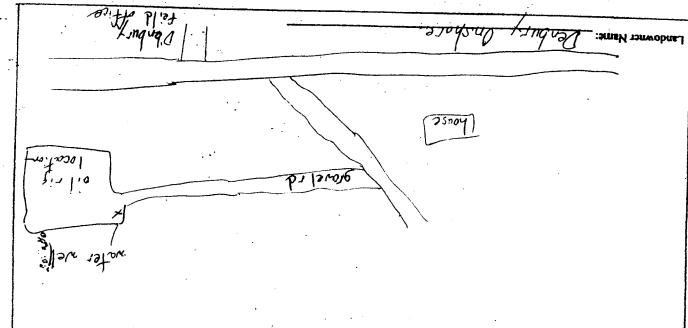
Ground Level



fimore than one screen, show location of each on sketch

Signature of Water Well Coprinscior

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.



STATE WELL REPORT Part 2 **Pump Installer's Completion Report** For Office Use Only: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: Date completed: (601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Owner Name: Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS City State Zip Code Distance Direction Nearest Town Telephone No. (Pump Type Power Type Circle one Circle one SAir Lift 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: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: Circle one Air Line Electric Measuring Line Static Water Level (A): Feet Below Land Surface Steel Tape Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown $\{(B) - (A)\}$: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my kpowledge

Signature of Pump Installe

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

RECEIVED

NOV 16 2006

BY: OLWR