State W	ell Report			
Country Stone	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	and Water Resources Box 10631	Well #: A-51		
Jackson, N	IS 39289-0631	L. S. Elevation:		
	(601)961-5210 (601)354-6938 (fax)			
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	Location		
Owner Name Danny Havard Sr.	Latitude:°'	" Longitude:' ''		
Mailing Address: 91 IVy Lott RJ	Method of Lat/Long (circle on	e): Conventional Survey,		
Perkingston MS 39573	USGS quad, Hand-held GPS, Survey-grade GPS			
T 14 14 Sec 12 Twn 25 Rng 1		Twn 25 Rng 13W		
City State Zip Code				
Telephone No. ()	Miles West	of usiggins		
Telephone No. () Distance Direction Nearest Town Well Data Well Data Well Data Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
\sim				
Date well drilling started: <u>5/25/04</u> Date well drilling completed: <u>5/24/06</u>				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>57</u> Well depth: <u>57</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 47 feet Casing diameter: 2" inches Type of casing: PVCSCAYD				
Screen length: <u>10</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>				
Screen slot size: <u>108</u> inches Setting depth: From <u>47</u> feet to <u>57</u> feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
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 run Electric Gamma Ray Density Sonic Neutron Other: $Self-run$				
Name of organization running log(s):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Arenold Ray Moore 0533 ample hay more Print Name of Water Well Contractor and License No.				
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		
		······································		

JUN 1 3 2006 BY: OLWR

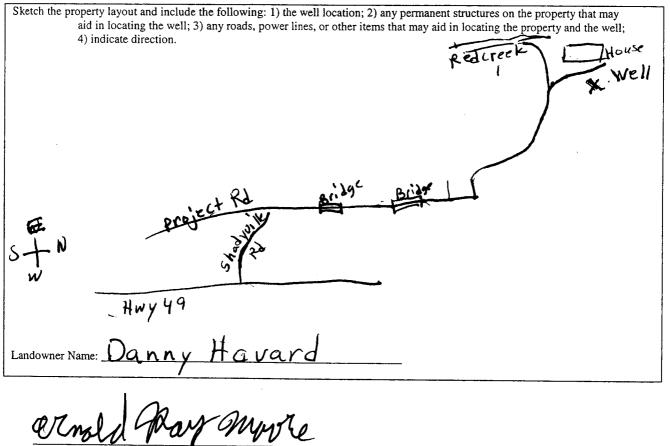
STATE WELL REPORT				
Date completed: <u>5126/06</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources PO. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #: A - 51 Elevation:	
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Well Owner Informa	1	Well Location		
Owner Name: Danny Ho Mailing Address: 91 Ivy Lo	• • •	Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey,		
Per Kingston City State	MS 39.573 Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS ¹ / ₄ ¹ / ₄ Sec <u>12</u> Twn <u>29</u> Rng <u>13</u> <i>W</i> Distance Direction Nearest Town		
Telephone No. ()		le Miles West of Wiggins off Project Rd		
Pump Type Circle one		Power Type Circle one		
Air Lift	Submersible	Diesel Engine Gasoli	ne 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:			
Rated Pump Capacity:		Setting Depth: Number of Stages:2		
Pump Test Data Date Well Tested: 5/24/04 Static Water Level (A): 4728 Feet		Method of Measuring Water Level Circle one Air Line Electric Measuring Line		
Pumping Water Level (B):Feet		Other (specify):		
Drawdown [(B) – (A)]:Feet Test Pumping Rate:7 Duration of Pump Test (minimum 4 hours):	Gallons Per Minute	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Arnold Ray Moore 05-33 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

JUN 1 3 2006 BY: OLWR If well telescopes please sketch below and show depths.



Description of Formations Encountered From pstore 504

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



Signature of Water Well Contractor

RECEIVEI JUN 1 3 2006 BY: OLWI

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