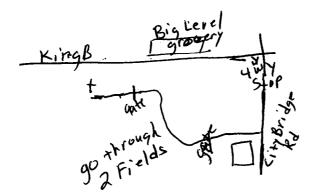
State W	ell Report			
County: Stone	art 1 For Office Use Only:			
Mississippi Departmer	t of Environmental Quality Aquifer:			
L Office of Land a	and Water Resources Box 10631 Well #: 6-112			
Jackson, M	IS 39289-0631 L. S. Elevation:			
Date drilling completed: (601)	961-5210			
(601)35	4-6938 (fax) E-log #:			
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 Kent Hatten	Latitude:°' Longitude:°'"			
Mailing Address: 47 Paramount Ch. Rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Perkinaston MS 39573	1414 Sec_11 Twn_35 Rng_1/W			
Perkingston MS 39573 City State Zip Code				
Telephone No. ()	Distance Direction Nearest Town 4.5 Miles East of Wiggins			
Wall	1016 68081			
Weii Data /				
Purpose of Well (circle one) Industrial Public Supply	Irrigation Fish Culture Other: Cows			
Date well drilling started: Le 29/64 Date well drilling completed: Le 28/64 CEIVE				
If flowing, method of flow regulation: Valve Other (describe) JUL 1 1 2006				
Static Water Level: 46 feet above or below circle one) land surface Date measured: 4/28/194				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 90 Well depth: 90' Well grouted to a depth of				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC SCL40				
Screen length: 1D feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: , 08 inches Setting depth: From 80 feet to 90 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:				
Name of organization running log(s): Moores Water Well				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Arnold Ray Moore 053	3 arnold Play Onotice			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

Ground Level	

Description of Formations Encountered	From	10
+ opsoil	11	2
red saidy clay white soapstone white sands gravel	21	25
white Soah stoke	257	40
white sands a ravel	uh	90
J	7	
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	1	

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.



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JUL 1 1 2006
BY: OLWR

Landowner Name:

Kent Hatten

Signature of Water Well Contractor

STATE WELL REPORT					
County: Stone Permit #: Driller: Moores Water W Date completed: Le 28106	Pump Installer' Mississippi Departmer Office of Land P.O. 1 Jackson, N (601)	Part 2 s Completion Report at of Environmental Quand Water Resources Box 10631 AS 39289-0631 1961-5210 4-6938 (fax)	Aquifer: Well #:	F-112	
This report should be prepared by the installation of pump.		il and filed with the D	Department within 30 d	ays of the	
Well Owner Informa	tion		Well Location		
Owner Name: Kent Hatt	en	Latitude:	Longitude:		
Mailing Address: 47 Paramo	unt Ch. Rd	Method of Lat/Long	(circle one): Convention	nal Survey,	
Perking Stan City State Telephone No. ()		1/41/41/41/41/41/41/4	rection Nearest T GSt of Wight Level	S _{Rng} // W	
Pump Type Circle one			Power Type 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:/	PEO.	
Date Pump Installed: 6 128/	66	Setting Depth:		_feet ""	D
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages: _	2	BY: OLW F	,
Pump Test Data		Meth	od of Measuring Water	Level	5
Date Well Tested: 6/28/06			Circle one		
Static Water Level (A): 46 Feet	Below Land Surface	Air Line Elec	ctric Measuring Line	Steel Tape	

Date Well Tested: Le 128/06	Circle one
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):/hours	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown offeet afterhours of pumping
nouis	nours 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