State	e Well Report
County: Stone	Part 1 For Office Use Only:
Mississippi Depar	tment of Environmental Quality Aquifer:
	and and Water Resources .O. Box 10631
Driner: 1 DOI E Sto a Ter Vo C// Jackso	bn, MS 39289-0631 L. S. Elevation:
	601)961-5210
(60	1)354-6938 (fax)
State Law requires that this report be prepared by 30 days of completion of drilling of the well.	the driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name <u>Joshua L. Whittin</u>	5 to Latitude:' Longitude:' "
Mailing Address: 173 New Zoin Rd	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Perkingston, MS 395	$73 \_ \frac{1}{4} \_ \frac{1}{4} \operatorname{Sec} \underbrace{5}_{\mathrm{Twn}} \underbrace{3S}_{\mathrm{Rng}} \underbrace{9W}_{\mathrm{Rng}}$
	Distance Direction Nearest Town <u>Miles</u> Miles
Telephone No. ()	Miles <u>Bast</u> of <u>KanseySprings</u>
V	Vell Data
Purpose of Well (circle one) Home Industrial Public Supp	ply Irrigation Fish Culture Other:
Date well drilling started: 1/22/06	Date well drilling completed: <u>Le 123106</u>
If flowing, method of flow regulation: Valve Oth	ner (describe)
Static Water Level:feet above or below (circle of	
	tape air line other:
Hole depth: <u>49</u> Well depth: <u>49</u>	Well grouted to a depth offeet
	Mix
Casing length: <u>39</u> feet Casing diameter: <u>2</u>	inches Type of casing: <u>PVCSCARECEIVED</u>
Screen length: <u>//</u> feet Screen diameter: <u>/</u>	inches Type of casing: <u>PVCSCAMECEIVED</u> inches Type of screen: <u>PVC</u> <u>JUL 112006</u> om <u>39</u> feet to <u>99</u> feet <b>BY: OLWR</b> inderreamed Telescoped Open hole Natural Development
Screen slot size: <u>208</u> inches Setting depth: Fre	om <u>39</u> feet to <u>49</u> feet <b>BY: OI IND</b>
Type of completion (circle all applicable): Gravel packed U	inderreamed Telescoped Open hole Natural Development
Other (describe): _	
1	If telescoped or more than one screen, describe on back of page
	Ray Density Sonic Neutron Other: <u>Self-run</u>
Name of organization running log(s): <u>Moores</u>	
	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 DS.	33 arnold Rey mode
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

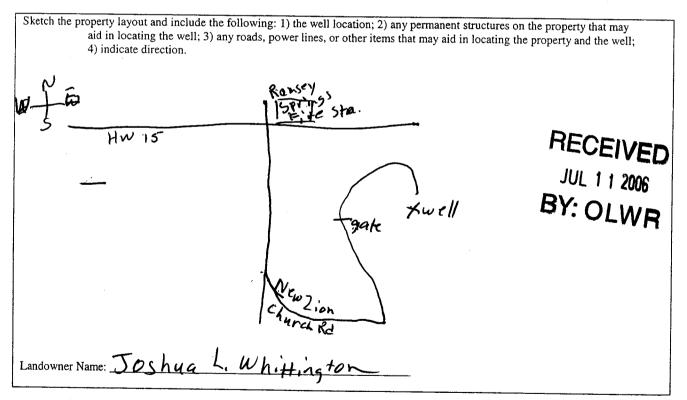
If well telescopes please sketch below and show depths.

## Ground Level

		Description of Formations Encountered	From	То	
·		TOPSoil	11	2	
		redsandy clay	2'	8	1
		whitesogestone	8	29	
		whitesand agravel	29'	79	
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If more than one screen, show location of each on sketch



Signature of Water Well Wintractor

County: <u>Stone</u> Permit #: <u>Permit #:</u> Driller: <u>Moores Water</u> Well P.O. Jackson, Date completed: 6/23/04 (601	ELL REPORT         Part 2         's Completion Report         ont of Environmental Quality         and Water Resources         Box 10631         MS 39289-0631         )961-5210         54-6938 (fax)
This report should be prepared by the pump installer in deta installation of pump. Well Owner Information Owner Name: 565hua L, Whittington	Well Location
Mailing Address: 173 New Zion Rd	Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1414 SecTwn_ <u>35</u> Rng_ <u>9</u> W Distance Direction Nearest Town <u>2</u> Miles <u>EQST</u> of <u>Ramseys Springs</u>
Pump Type Circle one	Power Type Circle one
Air LiftJetSubmersibleBucketPistonTurbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill     Other (specify):
Other (specify): Date Pump Installed: Rated Pump Capacity:7Gallons Per Minute	Horse Power Rating of Motor: RECEN Setting Depth:feet JUL 112 Number of Stages: Z Multiple Multiple Mul
Pump Test Data         Date Well Tested:	Method of Measuring Water Level Circle one 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

Arno Id Ray Moore 0.533 Print Name of Pump Installer and License No. (if applicable)

Ourold Pay mys Signature of Pump Installer