State M	I Deport	
Dent 1	ell Report	For Office Use Only:
County: Stone Part 1-1	Part 1 – Driller's Log Mississippi Department of Environmental Quality	
Permit #: Office of Land	and Water Resources	Aquifer:
	Box 10631	Well #:
	AS 39289-0631	L. S. Elevation:
	)961-5210	E-log #:
(601)35	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com	cense holder responsible for pletion of drilling of the wel	the work and filed with the l or borehole,
Information on Well Owner	Well or B	orehole Location
(Landowner if borehole is not for a water well)	24.10.57	
Owner Name Cory Stinnett	Latitude: 50° 42 3	5 Longitude: <u>54 ° 13 ' 156</u> 9 me): Conventional Survey,
	Method of Lat/Long (circle o	ne): Conventional Survey,
Mailing Address: 546 W. McHenry Rel		
-		d GPS, Survey-grade GPS
	50 1/2 50 1/4 Sec_ 0	
<u>M<sup>c</sup>Heary MS.</u> City State Zip Code	Distance Direction	Nearest Town
City State Zip Code	Miles	_ of
Telephone No. () 324-5731		-
	rehole Data	
Logs run (circle all applicable): No log run Electric Gamma Ra Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geo	ological Investigation Group	
Seismic SurveyOther (descrited and the set of the s	be)	block
· · · · · · · · · · · · · · · · · · ·		
Purpose of Well (check one): Home / Industrial Public Supp	oly Irrigation Fish Cultur	e Other:
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 60 feet above or below Circle one	e) land surface Date measured	5-14
Method of Measurement (circle one) steel tape electric tap		
Well depth: 140 Well grouted to a depth of 15 feet Ty	pe of grout (circle one): Neat C	ement Bentonite Mix
Casing length:feet Casing diameter:	inches Type of casing:	eve
Screen length: <u>10</u> feet Screen diameter: <u>2</u>	inches Type of screen:	PVC
Screen slot size: inches Setting depth: From		
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped Op	en hole Natural Development
Top of lap pipe or reduction in casing:feet. If	f telesconed or more than one s	reen, describe on next nage
rop of tap pipe of reduction in casing teet. I	terescopen of more man one se	

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- Form: OLWR-S'
  - P

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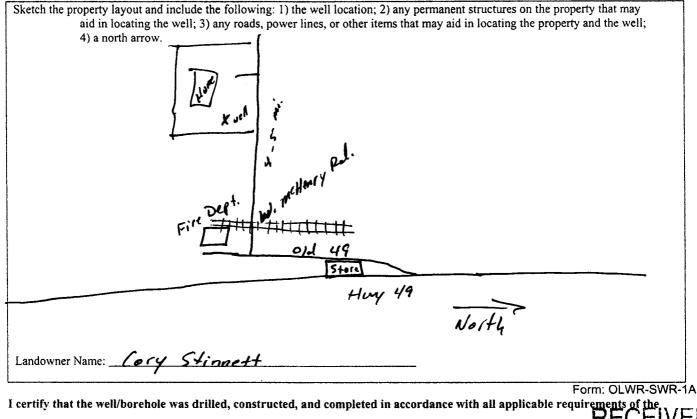
Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

Ground Level	Description of Formations Encountered		To (depth)
<b>P</b>	- Clay	Ground Level	40
	Sand	40	50
	Clay	50	80
	Sand	80	120
	Clay	120	130
	Send	130	140
			<u> </u>
			<u> </u>

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



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state ED laws.

JUN 16 2008 MALVIN WAGNON 0-785 5-14-08 WR Print Name of Responsible Licensee and License No. Signature of Licensee Date

STATE WELL REPORT		
County:  Stone    Permit #:  Pump Insta    Permit #:  Mississippi Depar    Driller:  O - 2955    Date completed:  6 - 2 - 08    Copy information from block on Part 1  (60)	Part 2 Iller's Completion Report timent of Environmental Quality and and Water Resources 20. Box 10631 on, MS 39289-0631 (601)961-5210 1)354-6938 (fax) well contractor or a licensed pump installer. A copy of Part I of the ent at the above address within 30 days of well completion. Well Location Latitude: <u>30° 42,575</u> Longitude: <u>88° 13.156</u> ' Method of Lat/Long (check one): Conventional Survey_, USGS quad_, Hand-held GPS_, Survey-grade GPS_ Y SecTR_	
Telephone No. () <b>324 - 5?31</b>	Distance Direction Nearest TownMiles of	
Pump Type Circle one    Air Lift  Image: Submersible    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	Power Type Circle one    Diesel Engine  Gasolinc Engine  Natural Gas    Electric Motor  Hand  Tractor PTO    Windmill  Other (specify):	
Pump Test Data    Date Well Tested: $4 - 3 - 0$ Static Water Level (A): $40$ Feet Below Land Surface    Pumping Water Level (B): $90$ Feet Below Land Surface    Drawdown [(B) - (A)]: $30$ Feet Below Land Surface    Test Pumping Rate:  Gallons Per Minute    Duration of Pump Test (minimum 4 hours): $24$ hours	Other (specify): 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 b <u>MALUTN</u> <u>LJAGNON</u> <u>0-785</u> Print Name of Pump Installer and License No. (if applicable)	est of my knowledge. <u>Maline Maguan</u> Signature of Pump Instatler Form: OLWR-SWR-46 JUN	

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JUN 16 2008 BY: OLWR