State Well Report			
County: Tate	-		For Office Use Only:
	Mississippi Department of Environmental Quality		Aquifer:
Permit #:	Office of Land and Water Resources P.O. Box 2309		Aquifer: Well #: <u>B-201</u>
Driller: Jones W. Moren	Jackson, MS 39225		L. S. Elevation:
Date drilling completed: $\underline{\delta} - \overline{\partial} \overline{7} - \underline{\delta} \underline{\delta}$	(601)961- 5210 (601)961- 5228 (fax)		
State Law requires that this report be prepared by the lice		ansa haldar rasnansibla far i	E-log #:
<u>Department at the above address within 30 days of completion of drilling of the well or borehole.</u>			
Information on Well Owner			rehole Location
(Landowner if borehole is not for a water well)		Latitude: <u>34°41</u> , <u>138</u> , Longitude: <u>89°56</u> , <u>535</u> , <b>08</b> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Owner Name Air and Heat Service			
Mailing Address: 59 Corner Cove			
		NE 1/2 Sw 1/4 Sec 33 Twn 45 Rng 7w	
(oldwater Ms 38618 City State Zip Code		NE 1/2 500 1/2 Sec 3.	$Twn_{75} Rng_{76}$
City State Zip Code Telephone No. (201) 568-2921		Distance Direction Nearest Town <u>312</u> Miles <u>Sw</u> of <u>Artioch</u>	
Date drilling started: $\frac{\beta}{2}$ $\frac{3}{5}$ $\frac{6}{6}$ Date drilling completed: $\frac{\beta}{2}$ $\frac{3}{6}$ Hole depth: $\frac{3}{2}$ $\frac{3}{6}$ Hole diameter: $\frac{5}{2}$			
Location of the source of any surface water used for drilling:A Method of dosing and volume of Chlorine used in drilling and development:A			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length:feet Casing diameter:inches Type of casing:			
Screen length: feet  Screen diameter: inches  Type of screen:			
Screen slot size:inches	Setting depth: From	feet to	feet
Type of completion (circle all applicable):	Gravel packed Underr	eamed Telescoped Open h	ole Natural Development
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page			
Form: OLWR-SWR-1A (04/08)			

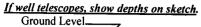
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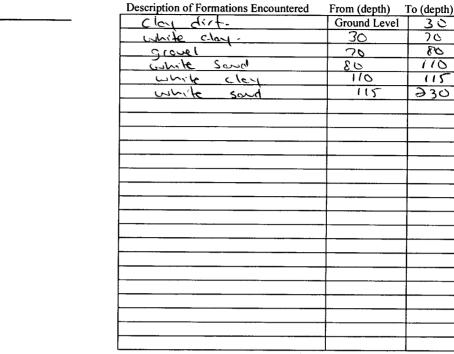
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BY: OLWR

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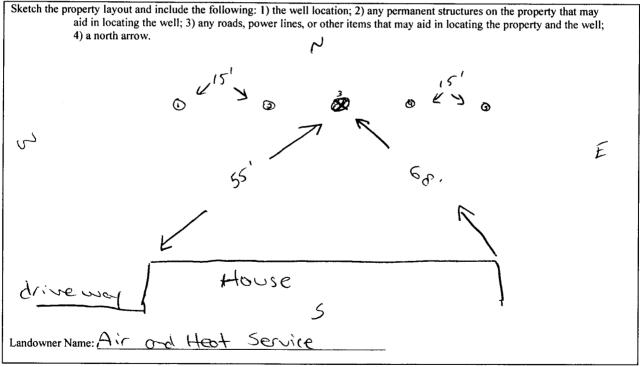
## The sketch below only required for water wells





Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

9-23-08 Jones w. Moson 0-670 tomo u. M RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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