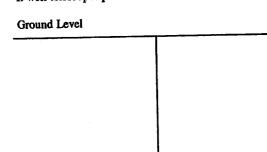
· · · · · · · · · · · · · · · · · · ·	1 State Well Re	port	For Office Use Only:	
County:	Part 1		For Onice out only.	
	Mississippi Department of Envi	ronmental Quality	Aquifer:	
Permit #:	Office of Land and Wate	r Resources	Well #: 6-135	
Driller: BOB SM (D)	P.O. Box 1063			
	Jackson, MS 39289	-0631	L. S. Elevation:	
Date drilling completed: $3 - 25 - 06$	(601)961-521	0		
	(601)354-6938 (1		E-log #:	
State Law requires that this rep	ort be prepared by the driller i		ith the Department within	
30 days of completion of drilling	g of the well.	Wal	Location	
Well Owner Inform		VV CL	Location	
Owner Name TAYLOR K			_" Longitude:''	
Mailing Address: 2521 (A	Mailing Address: <u>2521</u> OAFFEY M Method		Method of Lat/Long (circle one): Conventional Survey,	
21		-	GPS, Survey-grade GPS	
City St	<u>X5. 38630</u> ate Zip Code		Twn T55 Rng R1W	
Telephone No. (66) 479-9				
	Well Data			
Hole depth: Well depth: _	steel tape electric tape air epth: Well Bentonite Mix sing diameter: inches	line other:	feet	
Screen length: feet Scr	reen diameter:inche Setting depth: From	s Type of screen: _ feet to	PUC	
Screen length: feet Scr	Setting depth: From	2feet to Telescoped Ope	126	
Screen length: <u></u>	Setting depth: From	E feet to	<u>PVC</u> <u>126</u> feet n hole Natural Development	
Screen length:	Setting depth: From	$\frac{2}{100000000000000000000000000000000000$	<u>pvc</u> <u>j26</u> feet n hole Natural Development v reen, describe on back of page	
Screen length:	Setting depth: From	$\frac{2}{100000000000000000000000000000000000$	<u>pvc</u> <u>j26</u> feet n hole Natural Development v reen, describe on back of page	
Screen length:	Setting depth: From): Gravel packed Underreamed Other (describe): feet. If telescoped run Electric Gamma Ray Densit	$\frac{2}{3H^{2}O} \qquad $	PVC 26 feet n hole Natural Development Natural Development Natural Development Preen, describe on back of page Other:	
Screen length:	Setting depth: From	$\frac{2}{1 \text{ feet to}} = \frac{1}{1 \text{ feet to}}$ $\frac{2}{1 \text{ feet to}} = \frac{1}{1 \text{ feet to}}$ $\frac{34420}{1 \text{ or more than one sc}}$ $\frac{1}{1 \text{ or more than one sc}}$ $\frac{1}{1 \text{ for more than one sc}}$ $\frac{1}{1 \text{ for more than one sc}}$	PVC 26 feet n hole Natural Development Preen, describe on back of page Other:	
Screen length:	Setting depth: From	$\frac{2}{1 \text{ feet to}} = \frac{1}{1 \text{ feet to}}$ $\frac{2}{1 \text{ feet to}} = \frac{1}{1 \text{ feet to}}$ $\frac{34420}{1 \text{ or more than one sc}}$ $\frac{1}{1 \text{ or more than one sc}}$ $\frac{1}{1 \text{ for more than one sc}}$ $\frac{1}{1 \text{ for more than one sc}}$	PVC 26 feet n hole Natural Development Preen, describe on back of page Other:	

APR 17 2006 BY: OLWR

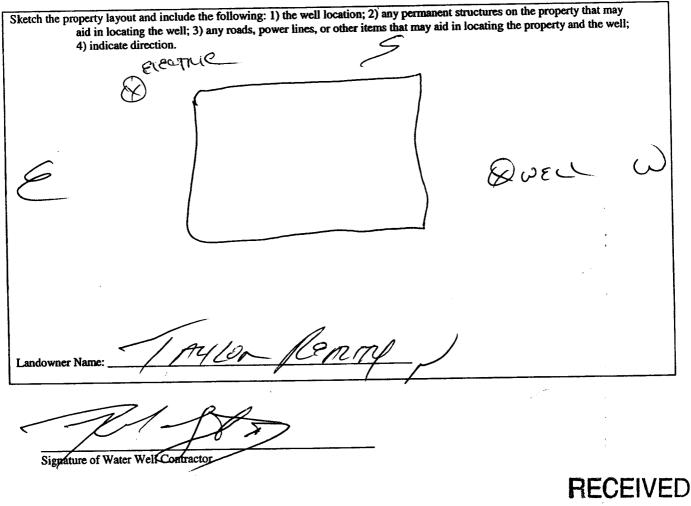
. . -

If well telescopes please sketch below and show depths.



G-	13	5
Description of Formations Encountered	From	To
TOP Soil	0	S
	. <u> </u>	
Burr part they	+	100
BROWN CIAY	₽	22
A DEC	127	29
- Cruite	T	
WATTE CLAY	29	24
withte mo + CIA	71	101
WATTE SAP	101	126
	<u> </u>	+-+
	-	
		+
	+	1

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



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Part 1 Part 2 Part 2 <td c<="" th=""><th>2</th><th>STATE WE</th><th>LL REPORT</th><th></th><th></th></td>	<th>2</th> <th>STATE WE</th> <th>LL REPORT</th> <th></th> <th></th>	2	STATE WE	LL REPORT		
Well Over Information Owner Name: Implicit and the second	Permit #: Driller: BOB Sm CTH	Pump Installer's Mississippi Departmen Office of Land a P.O. E Jackson, M (601)	Completion Report t of Environmental Quality and Water Resources Sox 10631 IS 39289-0631 961-5210	Aquifer: Well #: 6	-135	
Well Over Information Owner Name: Implicit and the second	This report should be prepared by the	e pump installer in detai	l and filed with the Departme	nt within 30 da	ys of the	
Owner Name: International Survey, Mailing Address: Distance: Method of Lat/Long (circle coe): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Method of Lat/Long (circle coe): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Method of Lat/Long (circle coe): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Method of Lat/Long (circle coe): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Method of Lat/Long (circle coe): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Mailing Address: Pomer Type Circle cone Air Lift Pomer Type Circle cone Number Circle cone Air Lift Distance: Other (specify): Pomer Type Circle cone Method of Messuring Mater Level Method of Messuring Line	installation of pump.					
Mailing Address: 2521 (147724) Method of Lat/Long (circle one): Conventional Survey,						
USGS quad, Hand-held GPS, Survey-grade GPS Idephone No. Gan. 44:39 - 90.44 Telephone No. Gan. 44:39 - 90.44 Pump Type Circle one Pump Type Circle one Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Cercle one Object Region Object Region Object Region Object Region Date Pump Test Data Date Well Tested: 3-35-06 Static Water Level (A): Object Below Land Surface Pump Test Data Date Well Tested: 3-35-06 Static Water Level (B): Gallons Per Minute Method of Measuring Water Level Object Below Land Surface Date Well Tested: Gallons Per Minute Method of Measuring Water Level Object Below Land Surface Pump Test (B): <td co<="" td=""><td></td><td>/</td><td></td><td>-</td><td></td></td>	<td></td> <td>/</td> <td></td> <td>-</td> <td></td>		/		-	
Circle one Circle one Air Lift Jet Submerssible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	City State	37632 Zip Code	USGS quad, Hand 4 Sec <u>H</u> Distance Direction	d-held GPS, Sur <u>5</u> Twn <u>75</u> Nearest To	rvey-grade GPS <u> S</u> Rng <u>A 20</u> own	
Bucket Piston Turbine Electric Mote Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):						
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine	Natural Gas	
Other (specify):	Bucket Piston	Turbine (Electric Motor Hand		Tractor PTO	
Date Pump Installed: 3-35-0.6 Rated Pump Capacity: /2 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: 3-35-0.6 Static Water Level (A): 60 Feet Below Land Surface Air Line Pumping Water Level (B): 63 Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: Feet Below Land Surface Duration of Pump Test (minimum 4 hours): hours Mours feet after Method of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE APR 17 2006	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Date Well Tested: 3-35-06 Static Water Level (A): Generation Pumping Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREB Y CERTIFY that the above statements are true to the best of my knowledge. Mathematical Surface Frint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE APR 17 2006	Date Pump Installed: 3.35		Setting Depth:	<u>`</u>	feet	
Date Well Tested: 3-35-06 Static Water Level (A): Generation Pumping Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREB Y CERTIFY that the above statements are true to the best of my knowledge. Mathematical Surface Frint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE APR 17 2006	Pump Test Data		Method of Me	easuring Water	Level	
Test Pumping Rate:	Date Well Tested:	Below Land Surface	Air Line Electric Me	Circle one asuring Line	Steel Tape	
Test Pumping Rate:	Drawdown [(B) - (A)]:Feel	Below Land Surface	For flowing well, measured s	hut in head:	feet	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BOD SMITH 0-645 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE APR 17 2006	Test Pumping Rate:	_Gallons Per Minute	Well yielded5	GPM with a	drawdown of	
Bot Smith 0-645 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE APR 17 2006	Duration of Pump Test (minimum 4 hours)	:hours	feet after _		hours of pumping	
APR 17 2006	BOD Smitht	0-645	Jul	Installer	RECEIVE	
					APR 17 2006	

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