County: Mail Part 1 - 1 Permit #:	Vell Report Driller's Log Int of Environmental Quality and Water Resources Box 2309 n, MS 39225 1961- 5210 1- 5228 (fax) cense holder responsible for a	For Office Use Only: Aquifer:	
Department at the above address within 30 days of completion of drilling of the well or borehole.			
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Bo	Belongitude: 90 ° 10', 52,2 "	
Owner Name Mayin Henderson	Latitude: <u>31 ° 16 ' 7</u>	Longitude: <u>10 ° [0 ', 5 d</u>	
Mailing Address: Jack Foil KJ	Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: <u>9417 FUI KM</u>	USGS quad, Hand-held	GPS, Survey-grade GPS	
+ /0/0	50 1/4 NE 1/4 Sec 34	$_{\text{Twn}}$ $\frac{4}{N}$ $_{\text{Rng}}$ $\frac{102}{102}$	
<u>Tyleviun</u> ms. City State Zip Code	Distance Direction		
Telephone No. ()	Miles	of	
Well / Bore	hole Data	<u> </u>	
Date drilling started: 6-16-10 Date drilling completed: 6-16-10 Hole depth: 145 Hole diameter: 8"			
Location of the source of any surface water used for drilling:			
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (<i>describe</i>)			
If drilling is not related to water well construction, skip the remainder of this block			
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:			
Method of Measurement (circle one) steel tabe electric tape air line other:			
Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one); Neat Cement Bentonite Mix			
Casing length: <u>135</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pre</u>			
Screen length: 10^{\prime} feet Screen diameter: $4^{\prime\prime}$ inches Type of screen: Pu			
Screen slot size: <u>,012</u> inches Setting depth: From <u>135</u> feet to <u>145</u> 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 next page			
Form: OLWR-SWR-1A (04/08)			

* 2

AEDENED JUL 0 7 2010 BY: OLMR

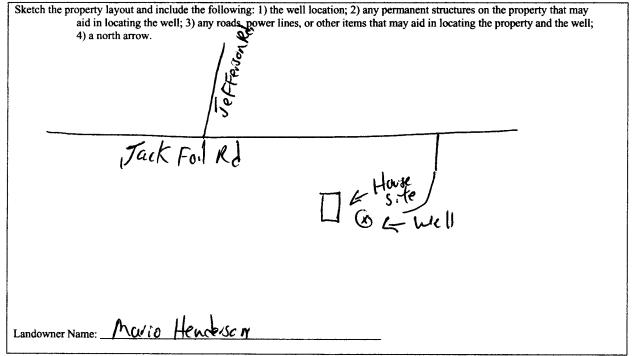
A152

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch. From (depth) To (depth) **Description of Formations Encountered** Ground Level_ Z Ground Level 0 20 20 40 80 41 Fo 100 100 120 130 20 130 145 (oute ann

The sketch below only required for water wells

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

6-16-10

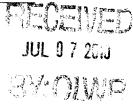
Date

law Hall

Print Name of Responsible Licensee and License No.

Œц,

Signature of Licensee



STATE W	ELL REPORT For Office Use Only:	
	Part 2	
Permit #: Permit #:	's Completion Report Aquifer: nt of Environmental Quality	
Driller Fitziain of Ise Core Office of Land	and Water Resources Box 2309 Well #: <u>A 15 2</u>	
Date completed: 6-16-10, Jackson	n, MS 39225 Elevation:	
(60))961-5210 61-5228 (fax)	
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.		
Well Owner Information	Well Location	
Owner Name: Mario Henderson	Latitude: <u>31° 16 23.3</u> Longitude: <u>90° 10 52.</u> 2"	
Mailing Address: Jack Forl Rob	Method of Lat/Long (check one): Conventional Survey,	
-11	USGS quad, Hand-held GPS, Survey-grade GPS	
Ty Provin MS City State Zip Code	¼ ¼ Sec T R	
Telephone No. ()	Distance Direction Nearest TownMiles of	
Ритр Туре	Power Type	
Air Lift Jet Submersible	Circle one 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:	
Date Pump Installed: 6-16-10,	Setting Depth:feet	
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one Air Line Electric Measuring Line Seel Tape	
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
This is for (circle one): New Weith Replacement of Ex	isting Pump Repair of Existing Pump	
I HEREBY CERTIFY that, the above statements are true to the best	of my knowledge	
Bind Edgeald Cog.	Get Hard	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLVVR-SWVF-1C-(07-009	
	JUL 0 7 2010	
	BY: OLWP	

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