	Thorn Bush	VAILEY PARK	•
	State W	ell Report	E. Office Vies Oules
County: WARREN	Part 1		For Office Use Only:
Permit #:		of Environmental Quality	Aquifer:
	Office of Land and Water Resources P.O. Box 10631		Well #: B-67
Driller: J. NEWCOME 0-773		S 39289-0631	L. S. Elevation:
Date drilling completed: 3-9-07		961-5210	7. "
	(601)354-6938 (fax)		E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	rith the Department within
Well Owner Inform		Wel	1 Location
Owner Name FLOWEREE	PLANTINGCO	Latitude: 32 · 31 · 52	_" Longitude 040 ° 51 ' 09 "
Mailing Address: 3360 RED	Woop RD.	Method of Lat/Long (circle or	
		1 GPS.) Survey-grade GPS	
Repump,	MS-39156	SE 14 NW 14 Sec 19	Twn 18N Rng 4E
Repump, 1 City September 1 September 1 September 1 September 29 - 2	2746	Distance Direction 5 Miles N	Nearest Town of REDWOD
	Well	l Data	
Purpose of Well (circle one) Home In	dustrial Public Supply	(Irrigation) Fish Culture	Other:
Date well drilling started: 3-9-0	7 Date	well drilling completed: 3	9-07
If flowing, method of flow regulation: V	alveOther (c	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:	
Hole depth: 143 Well d	lepth: 140	Well grouted to a depth of	<u>l</u> O feet
Type of grout (circle one): Cement	Bentonite Mix	•	·
Casing length: 105 feet Ca		inches Type of casing:	Prc
Screen length: 35 feet . Sc			
Screen slot size: 650 inches	Setting depth: From	100-123 feet to 1	28-140 feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Ope	n hole Natural Development
	Other (describe):	·	
Top of lap pipe or reduction in casing:	feet. If t	telescoped or more than one so	creen, describe on back of page
Logs run (circle all applicable): No log	run Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):			
I certify that the well was drilled, con-	•		
Department of Environmental Quality	and/or the Mississippi De	epartment of Health regulation	ns and state laws. \
l		1 1	1

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

FECEIVED

MAR 2 3 2007

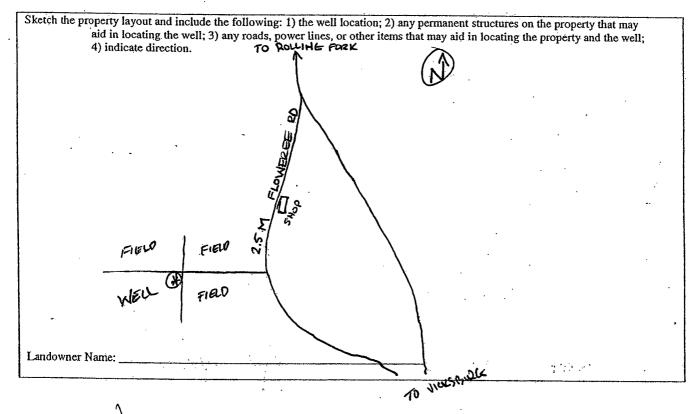
BY: OLW R

If well telescopes please sketch below and show depths.

Ground Level	
23' 16'' 5creen 128 12' 16'' 128	16" CASING — 100' - 100'
SCIEEN	

Description of Formations Encountered	From	То
Top Soil	0	10
Blue mud	10	60
Fine Sand	60	100
COAISE Sand	100	123
Fine Sand	123	128
COAISE SAIL	128	142
Mix Clay - Sand	140	143
	- 	

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



Signature of Water Well Contractor

For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Longitude 9 Mailing Address: 5360 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Pump Type Power Type Circle one Circle one Air Lift Jet Submersible 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: 3 - 10 - 67 Setting Depth: Rated Pump Capacity: 000 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape eet 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: ____ Test Pumping Rate: Gallons Per Minute Well yielded _ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ___ feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Zons Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

STATE WELL REPORT

RECEIVED MAR 2:3 2007 BY: OLWR