marwell

	State Well Report	
county. WAShington	Part 1	For Office Use Only:
Permit #: 60 42013	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631	Aquifer:
Driller: J. NEWCOME Date drilling completed: 6-5-07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Latitude 35 ° 20 ' 32 " Longitude 16 ° 54 Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, (Hand-held GPS,) Survey-grade GPS SW 45W 4 Sec 20 Nearest Town
GREENVILLE Distance Direction Well Data Fish Culture Irrigation Other: Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 6-5-07 Date well drilling completed: 6-5-07 If flowing, 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) air line other: steel tape electric tape 100 Well grouted to a depth of ____ Hole depth: Well depth: ___ Type of grout (circle one): Cement Bentonite Mix Type of casing: Casing diameter: inches Screen diameter: 16 inches Screen slot size: _. USO Setting depth: From Type of completion (circle all applicable): Gravel packed Telescoped Open hole Natural Development Underreamed Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. HEWCOME Signature of Water Well Contractor Print Name of Water Well Contractor and License No.

RECEIVE

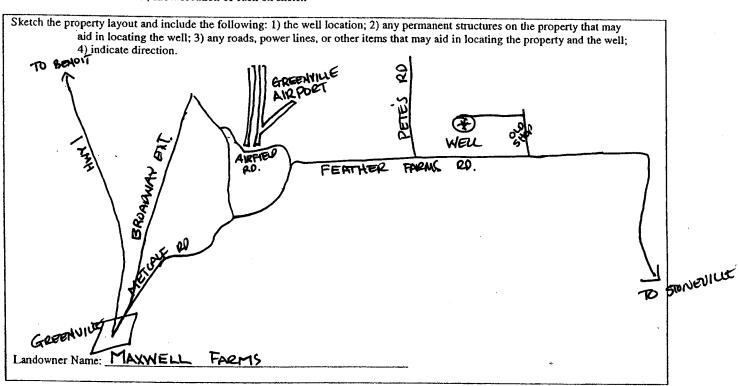
JUL 1: 2007 BY: OLWR

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Ground Level		
CASING	·	
60' —		
40' scenes		
100 -		

From	To
0	10
10	38
38	60
60	100
100	106
_	
	10 38 60 100

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



Signature of Water Well Contractor

County DAS AL NOTON Permit #: 6W 42013 Driller: J. NEWCOME Date completed of 5/07

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#: B-89 Elevation:	-	

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		
Owner Name MAXWELL FARMS	Latitud 3-2-32 Longitud 90-56-55		
Mailing Address: 907 Huy 448	Method of Lat/Long (circle one): Conventional Survey,		
B c	USGS quad. Hand-held GPS Survey-grade GPS		
BENDIT, MS. 38725 City State Zip Code	SW 1/2 Sec ZD Twn 9N Rng 7W		
Telephone (62 421 - 8793	Distance Direction Nearest Town 5 Miles NG of CREENULUE		
Pump Type Circle one	Power Type 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: 4/0/07	Setting Depth:feet		
Rated Pump Capacity:Gallons Per Minute	Number of Stages: L-Stage 14WS		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B) Feet Below Land Surface	Other (specify):		
1-1/2 1 25 l			
	For flowing well, measured shut in head:feet		
	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge			
(SLEN KOWE #710-9	Blutten		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

RECEIVED
JUL 1 5 2007
BY: OLWR