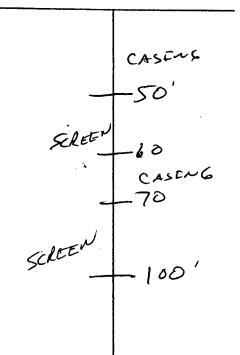
. T.	Huddleson	2	
	J State W	ell Report	For Office Use Only:
County: WASHEAG HON		art 1	Aquifer: <u>B</u> 102
Permit #: GW-440841	Mississippi Department	of Environmental Quality	
		nd Water Resources ox 10631	Well #:
Driller: J. NEWCOME 0.773	Jackson, M	S 39289-0631	L. S. Elevation:
Date drilling completed: 5-12.2011	(601)961-5210 (601)354-6938 (fax)		E-log #:
State Law requires that this re 30 days of completion of drilling	port be prepared by the got the well.	· · ·	
Well Owner Inform	nation		Il Location
Owner Name Forbin Inve	stments	Latitude: 33.28.5	" Longitude 70° 55' 56'
Mailing Address: 525 Fairs	red	Method of Lat/Long (circle	
	١	USGS quad, Hand-he	ld GPS Survey-grade GPS
Greenille 1	M <u>5</u> 38701 State Zip Code	SE NW	I Twn 19N Rng 07W
City Telephone No. ()	•	Distance Direction	of Metcalt
reichnone 110.		Data	
			Other
Purpose of Well (circle one) Home	Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: $5 - 12$			
If flowing, method of flow regulation:	Valve Other	(describe)	
Static Water Level:fe	et above or below (circle one) land surface Date measure	d:
Method of Measurement (circle one)	•	_	· · · ·
	il depth:00		-
Type of grout (circle one): Cement			
	Casing diameter:6	inches Type of casing	PVC
Screen length: 40_feet		inches Type of screen	
Screen slot size: <u>650</u> inc	hes Setting depth: From	50-60- feet to_	70-100 feet
Type of completion (circle all application	ble): Gravel packed Uno	lerreamed Telescoped O	pen hole Natural Development
	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 J	Electric Gamma R	ay Density Sonic Neutro	n Other:
Name of organization running log(s):			·
I certify that the well was drilled, c	onstructed, and completed i		able requirements of the Mississippi
Department of Environmental Qua	lity and/or the Mississippi I	Department of Health regulat	ions and state laws.
JOHN NEWCOME	0:773	43_	Deuxine
Print Name of Water Well Contracto	r and License No	Signatu	re of Water Well Contractor
PTHE INALISE OF WARE WELL CONTRACIO	and License No.	\OIGHAG	TOP REF &
			的定何是的
			AUG F 8
			DUG ADAN
			[5]P- 化脱

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To	
Top Soil	0	10	
MixCIL	70	28	
Five Sand	28	50	
CLARAUSE Send	50	60	
Fine Sant	60	22	
Cofre Sand	78	30	ට
Gray CIAY	100	10	3

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction. EE 1~ Landowner Name: Par Signature of Water Well Contractor

Ground Level

County: W96hington Permit #: GW - 44084 Driller: J.Newcome0 .773 Date completed: 5.12.2011 Pump Installer' Mississippi Departmen Office of Land P.O. Jackson (601	ELL REPORT Yart 2 s Completion Report ht of Environmental Quality and Water Resources Box 2309 n, MS 39225 9961-5210 51-5228 (fax) contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion. Well Location Latitude: 33.0 28.50"
Mailing Address: <u>525 Fair View</u> <u>Greenville MG 36701</u> City State Zip Code Telephone No. (Method of Lat/Long (check one): Conventional Survey USGS quad, Hand-held GPS X, Survey-grade GPS <u>JW</u> 4 <u>JE</u> 4 Sec <u>21</u> <u>T</u> <u>19N</u> <u>R</u> <u>07W</u> <u>SE</u> <u>NW</u> Distance <u>Direction</u> <u>Nearest Town</u> <u>Miles</u> <u>NE</u> of <u>Metcalf</u>
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested:	Method of Measuring Water Leve! Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
This is for (circle one): New Well Replacement of Ex I HEREBY CERTIFY that the above statements are true to the best <u>New Well</u> Replacement of Ex I HEREBY CERTIFY that the above statements are true to the best <u>Print Name of Pump Installer and License No. (if applicable)</u>	· · · · · ·

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