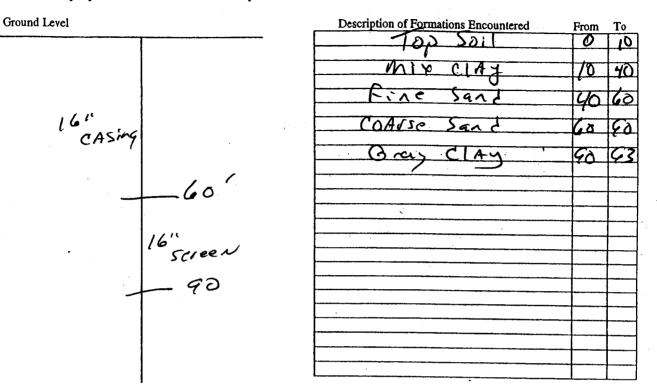
State Well Report	
	Only:
County: WASHINGTON Part I	
Permit #: <u>GCCC11237</u> Mississippi Department of Environmental Quality Office of Land and Water Resources BO Box 10621 Well #: <u>E-17</u>	1
Diller JOHN NEW COME 0-773 P.U. BOX 10031	
Jackson, MS 39289-0631 L. S. Elevation: Date drilling completed: (601)961-5210	
(601)354-6938 (fax) E-log #:	
State Law requires that this report be prepared by the driller in detail and filed with the Department 30 days of completion of drilling of the well.	within
Well Owner Information (ENTEZ Well Location	
Owner Name ONSANTO LELANDAG Latitude: 33 . 25. 03" Longitude 90. 5	7.01.
Mailing Address: Fo For 388 Method of Lat/Long (circle one): Conventional Survey	ey,
USGS quad, Hand-held GPS, Survey-grade GI	PS
Standblue, MS. 3876 Hul 14 SE 14 Sec. 8 Twn 18 N Rng City State Zip Code	TW
Telephone No. 62-378-102/ Distance Direction Nearest Town Le Miles EAST of Green Ui	11e
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:	
Date well drilling started: <u>4-14-06</u> Date well drilling completed: <u>6-14-06</u>	
If flowing, method of flow regulation: Valve Other (describe)	
Static Water Level: <u>28</u> feet above of below circle one) land surface Date measured: $(6 - 14 - 66)$	
Method of Measurement (circle one) steel tape electric tape air line other:	<u> </u>
Hole depth: <u>93</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite Mix	
Casing length: <u>40</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PUC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PvC</u>	· · · · · · · · · · · · · · · · · · ·
Screen slot size: 050 inches Setting depth: From 60 feet to 90 feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Devel	lopment
Other (describe):	<u> </u>
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 Other:	
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the N	Aississippi .
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
JOHN NEWLONE 0-773 John NEWLONE 0-773	

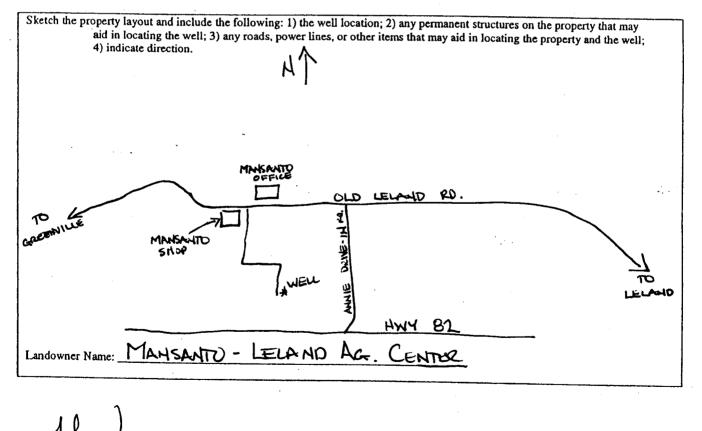
JUL 3 1 2006 BY: OLWR If well telescopes please sketch below and show depths.



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

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nature of Water Well Contractor



STATE W	ELL REPORT	
County:LD HindiCounty:Pump InstallePermit #: $(200 \pm 1/23)$ Mississippi DepartmDriller: $0 \pm 20 \pm 20$ Office of LandDriller: $0 \pm 20 \pm 20$ P.ODate completed: $(e-1)\psi - 0\psi$ (60)	Part 2 r's Completion Report ent of Environmental Quality 1 and Water Resources . Box 10631 MS 39289-0631 1)961-5210 354-6938 (fax)	For Office Use Only: Aquifer: Well #: <u>E - 178</u> Elevation:
This report should be prepared by the pump installer in det installation of pump.	. ,	
Well Owner Information Owner Name: MOUSINTS LELAND AG CENT	Well	Location
Mailing Address: Po Page 388 STONEL i LLE, MS. 3877 City State Zip Code Telephone Noclo2-378-1021	Method of Lat/Long (circle one USGS quad, Hand USGS quad, Hand USGS quad, Hand USGS quad, Hand MW 1/4 Sec_8 Distance Direction	e): Conventional Survey, held GPS_survey-grade GPS
Pump Type Circle one		er Type cle 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 (s	pecify):
Other (specify): Date Pump Installed:	Horse Power Rating of Motor:	60
Rated Pump Capacity: 2000 Gallons Per Minute	Setting Depth: Number of Stages: 2 -S	feet tare 124
Pump Test Data		Suring Water Level
Date Well Tested: Static Water Level (A):Feet Below Land Surface		uing Line Steel Tape
Pumping Wate Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface	Other (specify):	
Test Pumping Rate: Gallons Per Minute	For flowing well, measured shut	
Duration of Pump Test (minimum 4 hours):hours	Well yieldedfeet after	
I HEREBY CERTIFY that the above statements are true to the best of $\frac{2}{2}$ $\frac{10P}{2}$ Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Inst	aller

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RECEIVED JUL 3 1 2006 BY: OLWFI