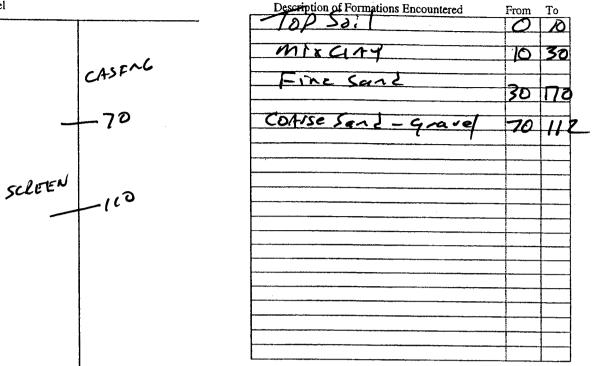
	Semmon's PH		
	State Well Rep	ort	ffice Use Only:
Dunty: WASHINGTON Part 1		1	103
Permit #: 6(0 43935	Mississippi Department of Environ Office of Land and Water F	esources	
Driller: J. NEWCOME 0.773	P.O. Box 10631	Well #:	
	Jackson, MS 39289-0	531 L. S. Elevatio	n:
Date drilling completed: 5-14-10	(601)961-5210 (601)354-6938 (fax) E-log #:	
		·	
State Law requires that this repo	ort be prepared by the driller in (letail and filed with the Depa	artment within
30 days of completion of drilling Well Owner Informa		Well Location	
Owner Name Simmons L		33.16 .37 " Longitude	90.48.29
Mailing Address: 64 Les Wi		Lat/Long (circle one): Conventi	onal Survey,
	USC	S quad, Hand-held GPS Survey	-grade GPS
Nollandale City Sta		NW4 Sec 35 Twn 17	
-	Distance	Miles <u>EASH</u> of <u>ARC</u>	Town MC
relephone No. ()			
	Well Data		
Purpose of Well (circle one) Home Inc	dustrial Public Supply Irrigation	Fish Culture Other:	
Date well drilling started: 5-14	-10 Date well drilling	completed: <u>5-14-10</u>	
If flowing, method of flow regulation: Va	lve Other (describe)		
Static Water Level:feet a	bove or below (circle one) land surface	Date measured:	
Method of Measurement (circle one)	steel tane electric tane air li	ne other:	
Hole depth: Well de			
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 70 feet Cas		Type of casing:	<u></u>
Screen length: 40 feet Scr			
Screen slot size: inches	Setting depth: From 70	feet to[O	_feet
Type of completion (circle all applicable)	: Gravel packets Underreamed	Telescoped Open hole Nat	ural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If telescoped of	r more than one screen, describ	e on back of page
Top of lap pipe or reduction in casing: Logs run (circle all applicable) No log r		· · · · ·	
Logs run (circle all applicable) No log r	Electric Gamma Ray Density	Sonic Neutron Other:	
Logs run (circle all applicable) No log r Name of organization running log(s): I certify that the well was drilled, const	Electric Gamma Ray Density	Sonic Neutron Other:	ts of the Mississipp
Logs run (circle all applicable) No log r	Electric Gamma Ray Density	Sonic Neutron Other:	ts of the Mississipp
Logs run (circle all applicable) No log r Name of organization running log(s): I certify that the well was drilled, const	Electric Gamma Ray Density	Sonic Neutron Other:	ts of the Mississipp

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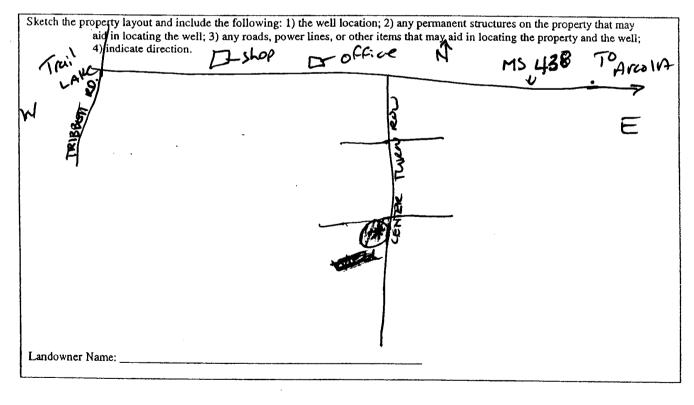
If well telescopes please sketch below and show depths.





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



Signature of Water Well Contractor

STATE WELL REPORT					
County: Washington Permit # GW 4 3935 Driller: New Come 0.773 Date completed: 5-14-10 Pump Installer's Mississippi Departmen Office of Land P.O. J Jackson, M (601)	art 2 For Office Use Only: s Completion Report Aquifer: it of Environmental Quality Aquifer: and Water Resources Image: Top 3 Box 10631 Well #: MS 39289-0631 Well #: 1961-5210 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 Owner Name: <u>SIMMONS Land Co.</u> Mailing Address: <u>64 Leo Williams Rd</u>	Well Location Latitude: 33.° 16.58 Longitude: 90°48.29 Method of Eat/Long (circle one): Conventional Survey,				
Hollandale MS 38748 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS 5W 1 WW4 Se 35 Iwn M' Rn GW Distance Direction Nearest Town 3.1 Miles E of AFCOLQ				
Pump Type Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):				
Date Pump Installed: <u>5115/16</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Setting Depth: 70 feet Number of Stages: 1				
Pump Test Data Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):				
I HEREBY CERTIFY that the above statements are true to the best <u>Comp Rowe</u> O-TUP Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Installer AUG 1 6 2010				

BY:		LA	
DY.	UL	_VI	