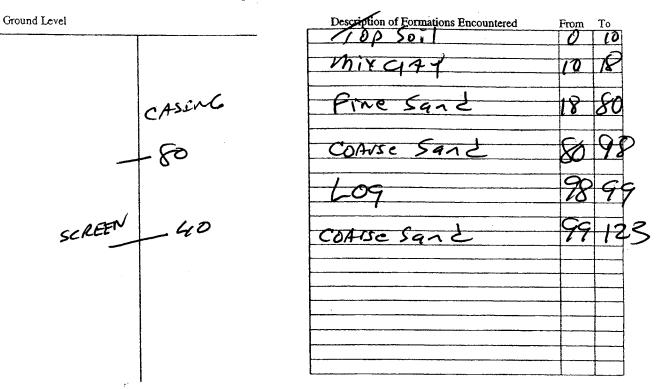
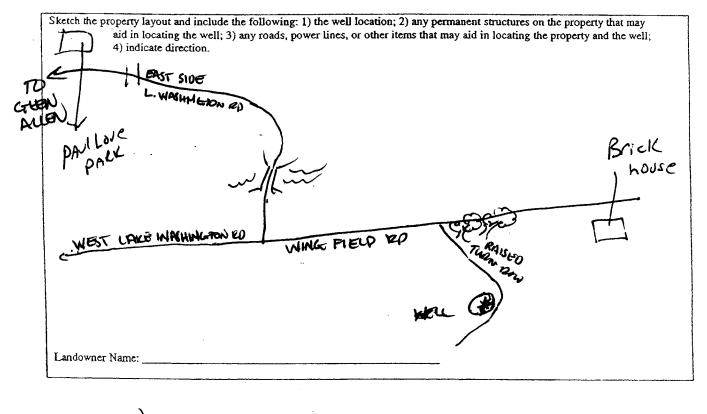
* 5	Miss .	muld		
	State We	all Report		
County: WASHINGTON	State Well Report Part 1		For Office Use	Only:
Permit #: GW44137	Office of Land and	of Environmental Quality ad Water Resources	Well #:	
Driller. JOHN NONCOME 0-773	Jackson, M	ox 10631 S 39289-0631	L.S. Elevation:	
Date drilling completed: <u>4-8-10</u>	(601)961-5210 (601)354-6938 (fax)		E-log #:	
			with the Department	t within
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the gof the well.	· · ·		
Well Owner Inform	ation	We	II Location	
Well Owner Inform Owner Name <u>Mississippi</u> M	udd Kent H	Latitude: 33 . 61 . D	b" Longitude: <u>91 ° (</u>	24.86.
Mailing Address: 184 Bar	jou road	Method of Lat/Long (circle of	one): Conventional Su	rvey.
0		USGS quad, Hand-he	Id GPS, Survey-grade	GPS a.1
Greenville	<u>ms 38701</u>	NW SE 3		ng IN
	tate Zip Code	Distance <u>2</u> 2 Miles <u>South</u>	Nearest Town	n
Telephone No. (512) 657-75				
		Data		
Purpose of Well (circle one) Home I	ndustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: $\frac{7-8-}{1-8-}$	10 Date	well drilling completed:	1-8-10	-
If flowing, method of flow regulation:				
Static Water Level:feet				
Method of Measurement (circle one)	steel tape electric tap	e air line other.		
Hole depth: Well	depth: 120	Well grouted to a depth of	of <u>l</u> o_fe	et
Type of grout (circle one): Cement	Bentonite Mi		•	
Casing length:feet C	Casing diameter: 14	inches Type of casing	Prc Prc	
Screen length: <u>40</u> feet 5		inches Type of screen	PVC	
Screen slot size: 050 inch	•	Ca	173	
Type of completion (circle all applicab			pen hole Natural D	evelopment
Top of lap pipe or reduction in casing:				
Logs run (circle all applicable): No lo				
Name of organization sumping log(s):			•	
I certify that the well was drilled, co	nstructed, and completed	in accordance with all application	able requirements of the	ne Mississippi
Department of Environmental Qual	ity and/or the Mississippi	Department of Health regulat	tions and state laws.	
JOHN NEWDOME	0-773	Joh	Newa	2
Print Name of Water Well Contractor	and License No.	Signatu	ure of Water Well Cont	adorit CENE
<u> </u>				JUL 0 6 2010
				BV. MAR
				and the second of the

۰.

If well telescopes please sketch below and show depths.



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



9 Si nature of Water Well Contractor

STAT	E WELL REPORT	
a I balin to	Part 2	The owned with the second seco
County: Lashington Pump In	nstaller's Completion Report	For Office Use Only:
Permit #: Mississippi D	epartment of Environmental Quality of Land and Water Resources	Aquifer.
Driller John Newcome 0-773	P.O. Box 10631	<u> </u>
14	ckson, MS 39289-0631	Well #: <u>R71</u>
Date completed: 4-08-10	(601)961-5210 (601)354-6938 (fax)	Elevation:
This report should be prepared by the pump installer installation of pump.	r in detail and filed with the Departme	ent within 30 days of the
Well-Owner Information	We	ell Location
When Name Miss. Mudd/Kent Kilbu	In Latitude: 33.0 100'00	<u>C"Longitude: 091°04'36"</u>
Tailing Address: 184 Bayou Road	Method of Lat/Long (circle o	
9		
Greenville MS 387		d-heid GPS, Survey-grade GPS
City State Zip Code		LWU Kng COO
-	Distance Direction	Nearest Town
Telephone No. (512) 657 - 7711	2.2 Miles S	of Gten Allan
Ршир Туре		ower Type
Circle one		Circle one
Air Lift Jet Submersible	Diesel Engine Gasol	ine Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other	r (specify):
Other (specify):	Horse Power Rating of Moto	- GO
LINDLIN		
Date Pump Installed: 4810	Setting Depth:(C)feet
Rated Pump Capacity: 2800 Gallous Per Mi	nute Number of Stages:	
Pump Test Data		leasuring Water Level
Date Well Tested:		Circle one
	Air Line Electric Me	easuring Line Steel Tape
Static Water Level (A):Feet Below Land Su	rface Other (are sife)	- · ·
Pumping Water Level (B):Feet Below Land Sur	face Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Su		shut in head: feet
Test Pumping Rate:Gallons Per Mi	_	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):h		hours of pumping
		aowo or hombing
	· · · ·	
	the best of my knowledge	
I HEREBY CERTIFY that the above statements are true to	the best of my knowledge.	
I HEREBY CERTIFY that the above statements are true to	\square	our pere
I HEREBY CERTIFY that the above statements are true to	\square	Installer FECE
HEREBY CERTIFY that the above statements are true to	\square	
HEREBY CERTIFY that the above statements are true to	\square	JUL Û
HEREBY CERTIFY that the above statements are true to	\square	