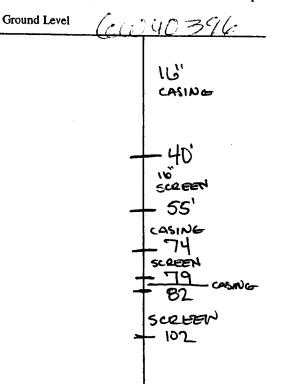
County: WASHINGTON	Part 1		For Office Use Only:		
Permit #: (01034.	Mississippi Departmen	t of Environmental Quality	Aquifer:		
		and Water Resources	Well #: 5-14")		
Driller: ()-773	P.O. Box 10631 Jackson, MS 39289-0631				
Date drilling completed: 0-71-05		961-5210	L. S. Elevation:		
· ~		4-6938 (fax)	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	ort be prepared by the	driller in detail and filed w	ith the Department within		
Well Owner Information		Well Location			
Owner Name <u>MISS: SS: PP;</u>	MUD, INC.	Latitude: 33 . 04 . 575 " Longitude: 01 . 01 . 973"			
Mailing Address: (ELECTRE	iling Address: (e ELECTRA CiRCLE		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held GP3, Survey-grade GPS			
THE WOONLANDS, TX. M7382 City State Zip Code		SE 14 SE 14 Sec 3 TWN 14N Rng 8W			
		Distance Direction Nearest Town			
Telephone No: <u>(())</u> 839-537	Note 6 2 839 - 5372 Distance Direction Nearest Town 2.7 Miles of				
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation) Fish Culture Other:					
Date well drilling started: 10-21-05 Date well drilling completed: 10-21-05					
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) steel tape electric tape air line other:					
Hole depth: <u>1D3</u> Well depth: <u>1D2</u> Well grouted to a depth of <u>1D</u> feet					
Type of grout (circle one): Cement Bentonite) Mix					
Casing length: 102 fast Casing diameters 110 inches Two for PVC					
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PJC</u>					
Screen slot size:icct					
Type of completion (circle all applicable)	Gravel packed Under	62. 10 reamed Telescoped Open	2' hole Natural Development		
	Other (describe):				
Other (describe):					
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 Mississippi					
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
JOHN NEWCOME 0-773 de aleure					
Print Name of Water Well Contractor and License No.		Signature of	Water Well Contractor		
a second and a second active allu	DIVENDE INU.	Signature of	TY ALCE AY CH CONTRACTOL		

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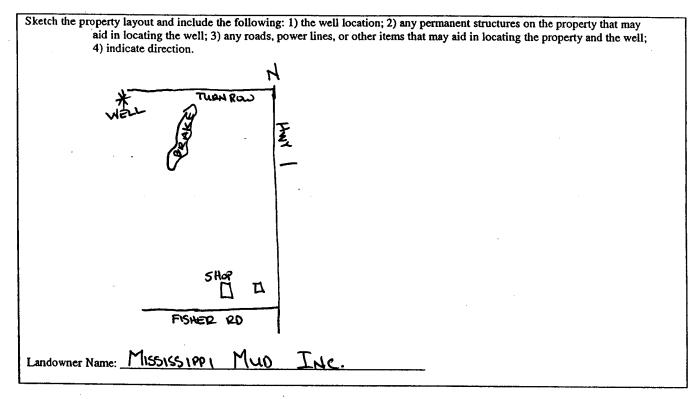
RECEIVED NOV 0 7 2005 BY: OLWR If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
COASSE SAND - GRAVEL	40	ऽऽ
FINE SAND	55	74
CORESE SAND	74	79
ANE SAND	79	82
COADSE SAND	82	102
GRAY CLAY	102	103

5-147

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



Signature of Water Well Contractor

NOV 0.7 2005 , BY: OLWR

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	STATE W	EL R. L'O XT			
Ebunity: ASH_WCTON Permit #: <u>6 (2) 40 3 9 6</u> Driller: <u>0 - 7 7 3</u> Date completed: <u>0/2//05</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #:		
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 Informat					
Owner Name: MTSST & Pl; MUP, True		Well Location Latitude: 33-04-575 Longitude: 091-01-973			
Mailing Address: Le ELECTR	ZA (PROLÉ	Method of Lat/Long (circle on	e): Conventional Survey,		
		USGS quad, Hand	-held GPS Survey-grade GPS		
THE WOOD LANDS, 14. 77382 City State Zip Code		SE 14 SE 14 Sec 3 Twn 14N Rng &W			
110 000	-	Distance Direction	Nearest Town		
Telephone No. 002 - 839 - 5	372	2.7 Miles <u>5</u> of	CHATHAM		
Ритр Туре		-			
Circle one			ver Type rcle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	e 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:	60		
Date Pump Installed: 10/22/01		Setting Depth: 60	feet		
Rated Pump Capacity: <u>5000</u>	Gallons Per Minute	Number of Stages: _/ -	(14WS Bowe)		
Pump Test Data		Method of Mea	suring Water Level		
Date Well Tested:		Cir	rcle one		
Static Water Level (A):Feet]	Below Land Surface	Air Line Electric Meas	uring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface		Other (specify):			
Drawdown [(B) – (A)]:Feet 1	Below Land Surface	For flowing well, measured shu			
Test Pumping Rate:	Gallons Per Minute \sim	Well yielded	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours		hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
GLEN KOWE #7	10-P	Alte	Ben		
Print Name of Pump Installer and License N	o. (if applicable)	Signature of Pump Ins	tatler		

> RECEIVED NOV 0 7 2005 **BY: OLWR**