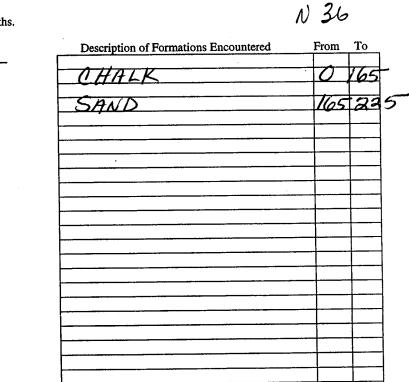
•				
<u> </u>	State Well Report			
County: Wilkinson	Part 1	For Office Use Only:		
	Mississippi Department of Environmental Qualit	ty Aquifer: N 36		
Permit #:	Office of Land and Water Resources P.O. Box 10631	Well #:		
Driller: (Jan Kayborn	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed:	(601)961-5210 ((01)254 (028 (fran))	E-log #:		
	(601)354-6938 (fax)	E-log #:		
State Law requires that this report 30 days of completion of drilling of	rt be prepared by the driller in detail and file of the well	d with the Department within		
Well Owner Informati	ion V	Vell Location (1)		
Owner Name_Mark_Hur	T Latitude: 31 . 08 .	2(6" Longitude: 91 • 12 · 18"		
Mailing Address: 19322 D	<u>eer Park</u> Method of Lat/Long (circl	e one): Conventional Survey, Google Earth) held GPS, Survey-grade GPS		
Baton Pouge City State	e Zip Code	15 Twn 2N Rng/W		
Telephone No. (225) 315 - 28	Distance Directio	of worduille		
Well Data				
Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 81010 Date well drilling completed: 81010				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 145 feet abo	ove or below circle one) land surface Date measur	ed: 81010		
Hole depth: <u>225</u> Well dept	th: <u>225</u> Well grouted to a depth	offeet		
Type of grout (circle one):	~	PIC.		
Casing length: <u>205</u> feet Casing diameter: <u>3</u> inches Type of casing: <u>PVC</u>				
5		$\frac{\rho_{VC}}{22\epsilon}$		
Screen slot size: <u>0,010</u> inches	Setting depth: From <u>205</u> feet to	· · · · · · · · · · · · · · · · · · ·		
Type of completion (circle <sup>-</sup> all applicable): (	Gravel packed Underreamed Telescoped O	ppen hole Natural Development		
	Other (describe):			
	feet If telescoped or more than one			
	Electric Gamma Ray Density Sonic Neutro	n Other:		
Name of organization running log(s):	icted, and completed in accordance with all applica	ble requirements of the Mississinni		
Department of Environmental Quality an	nd/or the Mississippi Department of Health regulat			
O - O	ד אידע			
Print Name of Water Well Contractor and L	License No. Signatu	re of Water Well Contractor		
	RECI	EIVED SL.		
	SEP 0	2 2010 BY: OLWR		
•	BY:(	DIMR		

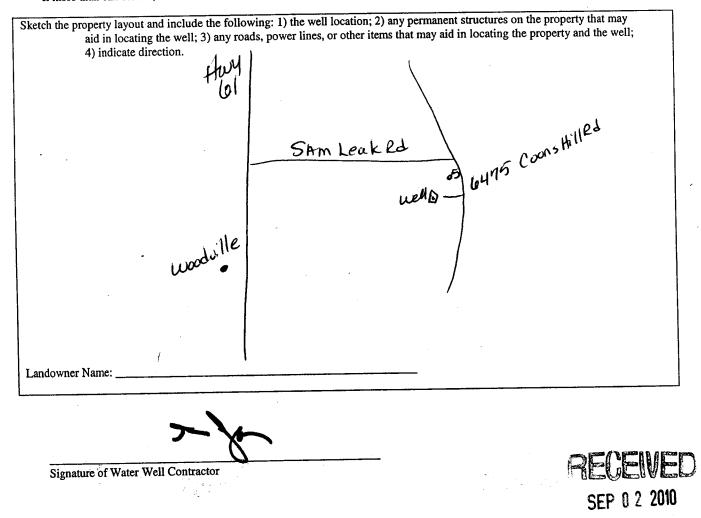
If well telescopes please sketch below and show depths.





BA: OWB .

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



r ST	TATE WELL REPORT		
Permit #:     Mississ      Driller:    6    6    6      Date completed:    8    10    10	Part 2 ump Installer's Completion Report ippi 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:    N 3 6      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 Information Owner Name: Mark Hunt Mailing Address: 19322 Deer Pa BR La 7081	Latitude: <u>3/°08′26″/</u> Method of Lat/Long (circle o USGS quad, Har	<b>i</b> .	
Ритр Туре		Power Type	
Circle one Air Lift Jet Submer Bucket Piston Turbine Centrifugal Rotary Flowin Other (specify): Date Pump Installed: Rated Pump Capacity: Gallons	rsible Diesel Engine Gaso Electric Motor Hand g Well Windmill Othe Horse Power Rating of Moto Setting Depth:	er (specify): or: 	
Pump Test Data    Date Well Tested:  8  10  10    Static Water Level (A):  -145  Feet Below L    Pumping Water Level (B): Feet Below L    Drawdown [(B) - (A)]: Feet Below L    Test Pumping Rate: Gallons    Duration of Pump Test (minimum 4 hours):	Air Line Electric M Air Line Electric M Other (specify): and Surface For flowing well, measured Per Minute Well yielded	Measuring Water Level Circle one Teasuring Line Steel Tape I shut in head:feet GPM with a drawdown of rhours of pumping	
I HEREBY CERTIFY that the above statements are <u>Carry Ray Dom</u> Print Name of Pump Installer and License No. (if a	)-60	p Installer PECENIE SEP 0 2 2010	

84:0TMB