Permit #: Driller: <u>Ml./Son</u> Car.'_ Date drilling completed: <u>4-14-06</u>	State vven Keput Part 1 issippi Department of Environmental Qua Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) prepared by the driller in detail and f	Well #:33 L. S. Elevation: E-log #:
- 30 days of completion of drilling of th	e well.	Well Location
3 Well Owner Information		
ell Owner Name Tim Smith Mailing Address: 610 Camp 3		ircle one): Conventional Survey,
Maning Autorss. Gr. C. S		nd-held GPS, Survey-grade GPS
Lonisville Me	39339 N 1/4 W 1/4 Sec	35 Twn/4N/ Rng/12
City State Telephone No. (F62) 73 - 6/4	Zip Code Distance Dire Miles	of Nearest Town MS
•	Well Data	ture Other Chicken Herses
Hole depth: <u>540</u> Well depth: Type of grout (circle one): Cement Casing length: <u>540</u> feet Casing di Screen length: <u>30</u> feet Screen di Screen slot size: <u>#10</u> inches Type of completion (circle all applicable): Gr Top of lap pipe or reduction in casing: <u>9</u> Logs run (circle all applicable): No log run 1 Name of organization running log(s): I certify that the well was drilled, constructed	Other (describe)	asured: <u>4-13-06</u> asured: <u>54-13-06</u> asured: <u>54-13-06</u> asing: <u>Fig. RECEIVE</u> asing: <u>Fig. RECEIVE</u> <b>BY: OLW</b> <b>BY: OLW</b> asing: <u>Fig. Constant</u> <b>BY: OLW</b> <b>BY: OLW</b> asing: <u>Fig. Constant</u> <b>BY: OLW</b> asing: <u>Fig. Const</u>
Department of Environmental Quality and/o	or the Mississippi Department of Health re	gulations and state laws.
Nelson CHIN C	7-734 //	elon Cain
Print Name of Water Well Contractor and Lice	ense No. Si	gnature of Water Well Contractor

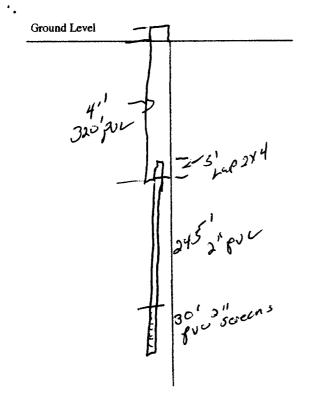
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ê.	STATE W	ELL REPORT		
#3.	County: $Wrh5foh$ Pump InstallerPermit #:Mississippi DepartmeDriller: $Mclson$ Date completed: $4 - 14 - 06$ (601)33	Part 2 's Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631 )961-5210 54-6938 (fax)	For Office Use Only: Aquifer: Well #: 5-33 Elevation:	
r	This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Departmen	at within 30 days of the	
We	Well Owner Information	Well Location		
	Owner Name: II'm Dim ith	Latitude:	Longitude:	
	Mailing Address: 610 Camp ground Ld	Method of Lat/Long (circle on	e): Conventional Survey,	
		1	-held GPS, Survey-grade GPS	
	Louispille M3 25337 City State Zip Code	1/4 W 1/4 Sec 7	5 Twn 14N Rng 11 E	
	City State Zip Code	Distance Direction	Nearest Town	
	Telephone No. (42) 773 - 6142	<u>315_Miles N/W o</u>	1 Poxapator Ms	
	Ритр Туре	Des		
	Circle one		wer Type ircle 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:	5/2	
	Date Pump Installed: 4-13-06	Setting Depth: 24	O feet	
	Rated Pump Capacity:Gallons Per Minute	Number of Stages:	5 MAY 17 2006	
			BY: OT W	
	Pump Test Data	Method of Me	asuring Water Level	
	Date Well Tested: 4 - 13 - 04	Ci	ircle one	
	Static Water Level (A):Feet Below Land Surface	1	suring Line Steel Tape	
	Pumping Water Level (B): 200 Feet Below Land Surface	Other (specify):	ing	
	Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured sh	ut in head:feet	
	Test Pumping Rate: Gallons Per Minute	Well yielded 45	GPM with a drawdown of	
	Duration of Pump Test (minimum 4 hours):hours	feet after		
		· · · · · · · · · · · · · · · · · · ·		
	I HEREBY CERTIFY that the above statements are true to the best of $A_{RLSON}$ $A_{IW}$ $O-374$	of my knowledge.		

Print Name of Pump Installer and License No. (if applicable)

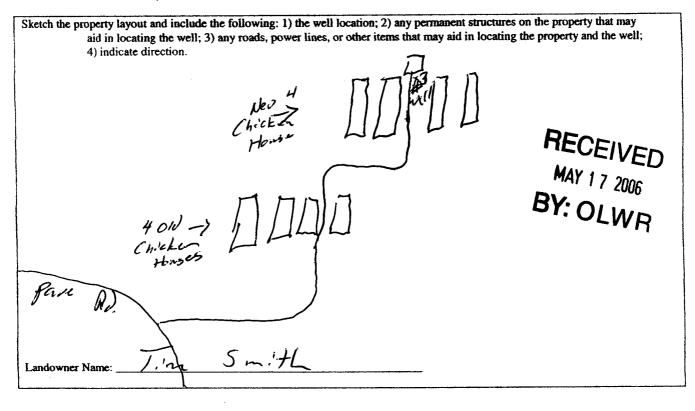
Signature of Pump Installer

J-33



Description of Formations Encountered	From	To
Top Sail, & San	0	10
Sand	10	100
Clay	100	215
Cluy & Sand Stops	215	20
Sand	270	290
Elay	240	400
Chry-Sand Stois	420	210
Good Sand	5.30	530
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor