	Phillips - Dry hole well SAt	arsita			
*	State Well Report				
County: YAZOO	Part 1	For Office Use Only:			
Mi	ssissippi Department of Environmental Qualit	y Aquifer:			
Permit #:	Office of Land and Water Resources	Well #: P-71			
Driller: J. HE WCOME 0-773	P.O. Box 10631				
Date drilling completed: 4-12-07	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:			
Date drining completed.	(601)354-6938 (fax)	E-log #:			
State Law requires that this report 30 days of completion of drilling of	State Law requires that this report be prepared by the driller in detail and filed with the Department within				
Well Owner Information		Vell Location			
The section	37.4n 1	49 " Longitudo 040 ° 34 · 04"			
Owner Name THICLIPS TAN	Latitude: JC N	27 Longitudos 10 2.			
Mailing Address: Po Tox 2		Method of Lat/Long (circle one): Conventional Survey,			
USGS quad,		held GPS. Survey-grade GPS			
And Lu Bin	= MS 08 SW4 SE4 Sec 7	26 Twn 10 N Rng 4W			
City State	Zip Code SW	25			
Telephone Noclo 2 - 571 - 0	896 Distance Direction 2 Miles W				
Telephone N6062 - 571 - 0	0 / 6	OI SPIN LATIN			
Well Data					
Discussion of Well (similar and Manager Landon	in Dublic Complex (Irrigation) Fish Cultur	e Other:			
rurpose of well (circle one) Home industr	rial Public Supply Irrigation Fish Cultur				
Date well drilling started: 3 - 12 - 07 Date well drilling completed: 3 - 12 - 07					
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: 108 Well depth: 105 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 82 feet Casing diameter: 16 inches Type of casing: 600					
Screen length: 23 feet Screen diameter: 16 inches Type of screen: PVC					
Screen slot size: 050 inches Setting depth: From 60-65/80-Recet to 95 - 105 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page					
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 O-	173 foli	kwa o			
i e	icense No. Signal	ture of Water Well Contractor			

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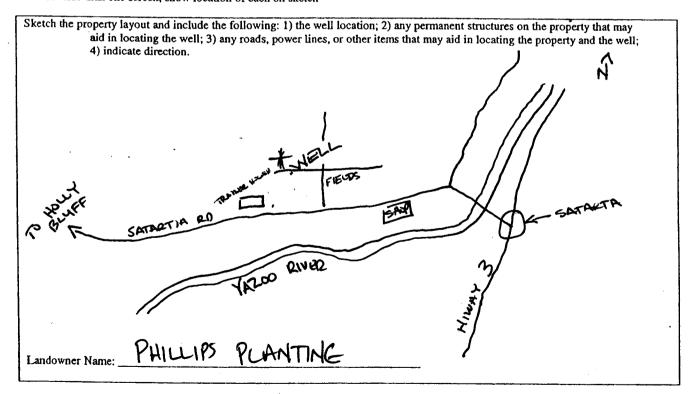
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level		
	Scient	10°CASING -60 -65 CASING -80
	Scicovi	-80 -88 CASING -95
	Screen 7	_ 105

Description of Formations Encountered	From	То
TOP Soil	0	10
Mix CIAY	10	28
Fine sand	28	60
COArse Sand	60	65
Fine Sand	65	80
Med Coarse Sand	80	88
Fine Sand	88	75
COArse Sand	95	105
Gray CIAY	105	108

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



Signature of Water Well Contractor

STATE WELL REPORT County: 747.00 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer. Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well# Date completed: 3-(2-67) (601)961-5210 Elevation: (601)354-6938 (fax) 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 Well Location Latitud 32-40-49 Longitud 90-34-04 Owner Name! Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Sw 1/4 SE 1/4 Sec 26 Twn / ON Rng 4W Distance Direction 2-571-0896 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline 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: Date Pump Installed: 3-13-0-Setting Depth: (Rated Pump Capacity: 2000 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: __ Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____Feet Below Land Surface Other (specify): __ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____ Gallons Per Minute Well yielded _____GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ____hours _feet after _____hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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