· · ·	C4 - 4 - XX	all Damand		
Singe		ell Report	For Office Use Only:	
County Jackson		art 1 of Environmental Quality	Aquifer:	
Permit #:	Office of Land a	nd Water Resources	Well #: 6 - 146	
Driller Coast Water Well SN.		ox 10631		
Date drilling completed: 7-21-00		S 39289-0631 961-5210	L. S. Elevation:	
Date drining completes.		l-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	rith the Department within	
Well Owner Informa		Wel	Location	
Owner Name Mark Frenc	h [stinute: 30 . 5] 29/		2" Longitude: <u>088° 34', 848</u> "	
		Method of Lat/Long (circle or	-	
			GPS, Survey-grade GPS	
MassPoint MS 39562 New 1/2 Sec 25		Twn T25 Rng R 64		
	Distance Direction		Nearest Town of Luceoale	
	Well I	Pata		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 7-19-04 Date well drilling completed: 7-21-06				
If flowing, method of flow regulation: Va	lve NA Other (d	escribe)		
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-21-06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 77 Well de	pth:	Well grouted to a depth of _	10feet	
Type of grout (circle one): Cement	Bentonite Mix		1	
Casing length: 6 feet Casing diameter: 2 inches Type of casing: OVO				
Screen length:feet	en diameter:	inches Type of screen: _	OVC	
Screen slot size:				
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.				
Jack Ridodell 0-	472	\bigcirc	Relphell	
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor	
		——————————————————————————————————————	RECEIVE	

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Ground Level				

Description of Formations Encountered	From	To
TOP SOIL	0	2
Red Clay	12	A
White coarse sand Blue clay White coarse sand	12	50
BUR CIOU	ZO.	22
Thise conce sand	22	77
White Course States		, ,
	 	
	 	
	 	
	 	
	 	
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;				
4) indicate direction.	t			
Splly Porken Ro	3			
A				
Landowner Name: Mark French				
Landowner Name: Mark French				

Signature of Water Well Contractor

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, James	STATE WI	ELL REPORT		
County: Jackson: Permit #: Driller Cast Water wells Date completed: 7-21-06	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer: Well #:G - 146 Elevation:	
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 French Mailing Address: Pistol Howell Rd. Mosstart Ms 39562 City State Zip Code Telephone No. (208) 990-8404		Well Location Latitude: 2051 296" Longitude: 088°36'848" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS NW 1/4 NW 1/4 Sec 29 Twn 725 RngR6 W Distance Direction Nearest Town 4 Miles 55W of Loccome		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed:		Windmill Other (specify): Horse Power Rating of Motor:		
Rated Pump Capacity: 6.5	Gallons Per Minute	<u></u>	<u> </u>	
Pump Test Data Date Well Tested: 8-1-06 Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 1/14 Feet Below Land Surface		Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):		
Drawdown [(B) – (A)]: NA For Test Pumping Rate: 6.5 Duration of Pump Test (minimum 4 hour		For flowing well, measured sh Well yielded		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Ben Ridgdell 0-713P Print Name of Pump installer and License No. (if applicable) Signature of Pump Installer RECEIV				

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