State V	Vell Report		
1 Country I III I I I X I IV 1	Part 1	For Office Use Only:	
Mississippi Departme	ent of Environmental Quality	Aquifer:	
Permit #: Office of Land	and Water Resources Box 10631	Well #: <u>H - 5 2 3</u>	
Driller US MULLI VICION Jackson	MS 39289-0631	L. S. Elevation:	
Date drilling completed: $9-16-05$ (60)	1)961-5210		
(601)3	54-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed w	rith the Department within	
Well Owner Information		Location	
Owner Name Chris Ashton	Latitude: 30 · 30 · 385	" Longitude: <u>088° 54', 211'</u> "	
Mailing Address: DOBSON RD	ling Address: DOBSON RD Method of Lat/Long (circle one): Conventional Survey,		
		GPS Survey-grade GPS	
BI OXI MS 395B2 City State Zip Code	NW SE 1/4 Sec 20	Twn T65 Rng R9W	
Telephone No. 208) 393-6828 Distance Direction Nearest Town 31/2-Miles North of Direction Direction Nearest Town			
Well Data			
Purpose of Well (circle on Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: 9-15-05 Date			
If flowing, method of flow regulation: Valve Other	(describe)		
Static Water Level: 65 feet above or below circle one) land surface Date measured: 9-16-05			
Method of Measurement (circle one) steel tape electric tap	e (air line) other:		
Hole depth: 341' Well depth: 341' Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 326 feet Casing diameter: 2" inches Type of casing: PUC			
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC			
Screen slot size: 1004 inches Setting depth: From 326 feet to 341 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): lo 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 Ridgdell 0-472 Jack Ridgher			
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor	

If well telescopes please sketch below and show depths.

Ground Level		
	l.	
	ł	

Description of Formations Encountered	From	То
TOP Soil	Q	3
Whiteclay	2	
Bray Low Medium TO Medium Daw	900	311
STAULDIOT ROTTURE TUTTS AND	Jav	374
	<u> </u>	
	 	\vdash
	 	
		\vdash
We have a second		
		L

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.

Landowner Name: Chris Athana

Signature of Water Well Contractor

RECEIVED

OCT 2 4 2005

BY: OLWR

STATE WELL REPORT

County: HATTISON Permit #: Driller: COAST WATER WELLSAV Date completed: 9-16-05

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

For Office Use Only:		
Aquifer:		
Well #: _/-/- 5	33	
Elevation:		

Date completed: 9-16-05		961-5210 4-6938 (fax) Elevation:			
This report should be prepared by the installation of pump.	e pump installer in deta	il and filed with the	Departme	nt within 30 day	ys of the
Well Owner Informat	tion		Well	Location	
Owner Name: Chris Ashton		Latitude: 30°30	13851	Longitude: <u>0</u>	880541291"
Mailing Address: DOGS DO RD		Method of Lat/Long	g (circle on	e): Conventiona	ıl Survey,
		USGS qu	uad, (Hand-	held GPS, Sur	ey-grade GPS
Biloxi MS City State	39532 Zin Code	5 458 4 Sec 20 Twn Tbs Rng R9W		Rng R9W	
City State	2.p 0000	Distance D	irection	Nearest Tov	vn
Telephone No. (28) 393 - 1083	38	31/2 Miles Novary of D'Esserville		nte	
Pump Type Circle one		Power Type Circle 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		specify):	
Other (specify):		Horse Power Rating	of Motor:	_/ <i>HP</i>	
Date Pump Installed: 9-17-6	Date Pump Installed: 9-17-05 Setting Depth: 80FT, Drop Dipe feet		feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:			
Pump Test Data	_	Meth		suring Water I	_evei
Date Well Tested: 9-17-05					
Static Water Level (A): 65 Feet	Below Land Surface	Air Line Ele	ectric Meas	uring Line	Steel Tape
Pumping Water Level (B): NA Feet		Other (specify):			
l (, '	Below Land Surface				1/1
Drawdown [(B) – (A)]: N Feet	wdown [(B) - (A)]: NA Feet Below Land Surface For flowing well, measured shut in head: NA feet			/V/ A feet	
Test Pumping Rate:	Gallons Per Minute	Minute Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours	// /A_fe	eet after	N/A ho	ours of pumping
I HEREBY CERTIFY that the above staten	nents are true to the best o	of my knowledge.			

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	I
Pen Ridgdell 0-7138 Print Name of Pump Installer and License No. (if applicable)	Ber Richall	The second is the second second second
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	RECEIVED

OCT 2 4 2005

BY: OLWR