	State Well Report					
Hashima	Part 1	For Office Use Only:				
County: Mississ	sippi Department of Environmental Quality	Aquifer: H 593				
	Office of Land and Water Resources					
(m) 11/2 long off call	P.O. Box 10631	Well #:				
Drille 1115 WATCH WEILSKY	Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed:	(601) 961-5210					
	(601) 354-6938 (fax)	E-log #:				
State Law requires that this report be p 30 days of completion of drilling of the	repared by the driller in detail and filed v	with the Department within				
Well Owner Information	We	ll Location				
	20.39.00	04" Longitude: 088.56 17.76"				
Owner Name Jack Weaver						
Mailing Address: 14419 Big John	Method of Lat/Long (circle o	one): Conventional Survey,				
		d GPS Survey-grade GPS				
Biloxi, Ms 395.	32 Ste 1/4 Sec 25	Twn T65 Rng Rlo W				
City State	Zip Code SE NE					
Telephone No. (2018) SleO - Clot	Distance Direction	Nearest Town Fof School				
Telephone No. (B) 8002 VVII	Miles	701 /S / 10 C /				
Well Data						
Purpose of Well (circle one Home Industrial	Public Supply Irrigation Fish Culture	Other:				
Date well drilling started: 11-8-10 Date well drilling completed: 11-8-10						
If flowing, method of flow regulation: Valve	Other (describe)					
Static Water Level: <u>85</u> feet above or 6	elow (circle one) land surface Date measured:	11-8-10				
Method of Measurement (circle one) steel tape	electric tape air line other:					
Hole depth: 314 FT. Well depth:	314 FT . Well grouted to a depth of	feet				
Type of grout (circle one): Cement Bento	nite Mix					
Casing length: 299 feet Casing diame	ter:inches Type of casing: _	PVC				
Screen length:feet	eter: A inches Type of screen:	PVC				
Screen slot size:inches Setting	ng depth: From <u>299</u> feet to <u>3</u>	314feet				
Type of completion (circle all applicable): Gravel	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 scr					
Logs run (circle all applicable) No log run Elect	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, an	nd completed in accordance with all applicable	e requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						

Tack Ridgdell 0-472
Print Name of Water Well Contractor and License No.

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BY: OLWR

Ground Level	Description of Formations Encountered	From	To
	TOPSOIL	-+Q	7
	Drange Clay	- 5	15
	white coarsel sand	1/5	X
	Orange and Blue Clay	30	10
	Gray Medium Sand	108	[A
	Blue Clay	1/29	28
	Gray Coarse Sand	285	31
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15 1			
shop Jaive			
8 7			
			
X all			
			
\ \ \			
f more than one screen, show location of each on sketch			
\ \			
ch the property layout and include the following: 1) the well lo	ation; 2) any permanent structures on the proper	ty that may	
aid in locating the well; 3) any roads, power lines, or p	ther items that may aid in locating the property:	and the well;	
4) indicate direction.			
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Se Bay John			
Se Bay John			
Soc Big John			
So Torked Sold Torked	∧		
So Torked Son Torked	1		
So Transport	1		
Soc Road John Road	N		
Sort Roman Bonds	1		
So Torked Son Torked	1		
Restance Political States of States	1		
Room Room	1		
owner Name: Jack Wlaver	1		

Signature of Water Well Contractor

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NOV 2 4 2010

BY: OLWR

STATE WELL REPORT

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)

Permit #

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 #:				
Elevation:				

Date completed:	(601) 354-6938 (fax)		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 Informat	tion	Well	Location			
Owner Name: Jack Wlaver		Latitude: 30° 39' 44.04" Longitude: 088°, 56' 17.76"				
Mailing Address: 14419 Big John Rd.		Method of Lat/Long (circle one): Conventional Survey,				
		USGS quad, Hand	-held GPS, Survey-grade GPS			
Biloxi, MS 39532 City State Zip Code		SW 1/2 SE 1/4 Sec 25 Twn 765 Rng R10W				
Chy State		Distance Direction	Nearest Town			
Telephone No. (28) 860 - 064		_2_Miles NowTH of	Biloxi			
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 Other (specify):			
Other (specify):		Horse Power Rating of Motor:				
Date Pump Installed: 11-11-10		Setting Depth: 100FT, Droppipe feet				
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:				
Pump Test Data			suring Water Level			
Date Well Tested:			rcle one			
Static Water Level (A): \$5 Feet Below Land Surface			suring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface		Other (specify):				
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet				
Test Pumping Rate:		Well yielded 20 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):		feet after	N/A hours of pumping			

Signature of Pump Installer