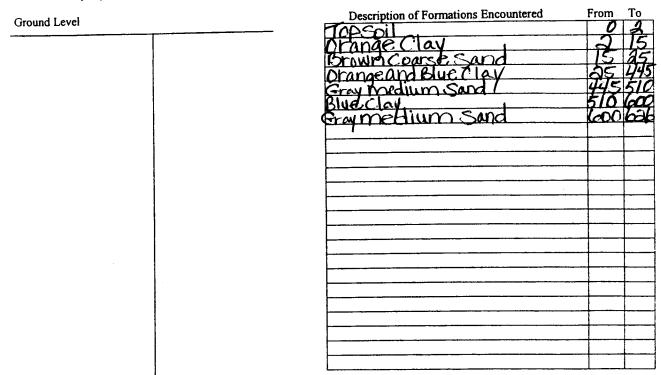
State W	ell Report				
	art 1	For Office Use Only:			
Mississippi Departmer	t of Environmental Quality	Aquifer:			
Permit #: Office of Land a	and Water Resources Box 10631	Well #:H611			
Driller: ULST WATCH VVCIISAV. Jackson M	IS 39289-0631	L. S. Elevation:			
	961-5210				
(601) 3:	64-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.					
Well Owner Information		Location			
Owner Name RONALD & JOYCE SWITZER	Latitude: <u>30 · 29 · 339</u>	" Longitude: 088 58 , 34.30,			
Mailing Address: Jim Byrd KD	Method of Lat/Long (circle on				
		GPS Survey-grade GPS			
Biloki, Ms 39532 City State Zip Code	NE 1/2 54 1/2 Sec 27	Twn TOS Rng RIDW			
	Distance Direction	Nearest Town			
Telephone No. (28) 841-9120	<u>2</u> Miles No ATH	of WoolmARKET			
Weill	Data				
Purpose of Well (circle one) Home, Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 3/6/13 Date well drilling completed: 3/8/13					
If flowing, method of flow regulation: Valve <u>N/A</u> 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: 626 FT. Well depth: 626 FT. Well grouted to a depth of 60 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 611 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>					
Screen slot size: <u>. COC</u> inches Setting depth: From <u>COL</u> feet to <u>COC</u> 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: N/A 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): NA					
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 law RECEVED					
Jack Ridgdell D.472		Reffere MAR 1 3 2013			
Print Name of Water Well Contractor and License No.	Signature of V	Vater Well Contractor			
		BX- COLVAN-			

* • •

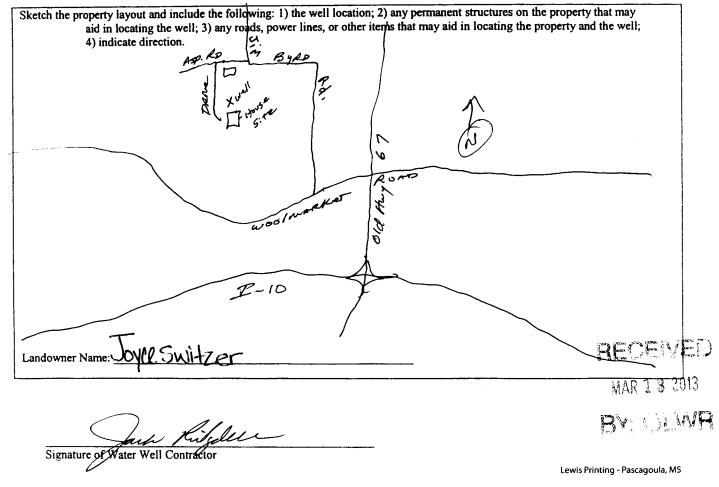
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If well telescopes please sketch below and show depths.

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



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	STATE WE	ELL REPORT			
County: Harrison Permit #: Driller(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 (601) 354-6938 (fax)		Aquifer: Well #:	Use Only:	
This report should be prepared by t] he pump installer in deta	il and filed with the Departn	nent within 30 days	of the	
installation of pump.			ell Location]	
Well Owner Informs Owner Name: Joyce, Switze	er	Latitude: 30°27'.3.3.96 Longi		°58'34:20"	
Mailing Address: Jim Byrd R	Method of Lat/Long (circle on		e): Conventional Survey,		
·		USGS quad, Han		d-held GPS, Survey-grade GPS	
Biloxi ms ? City State	City State Zip Code		27 Twn 765		
		Distance Direction Nearest Town			
Telephone No. 008 861-9120	<u>)</u>	_2_Miles NORTH of WOOLMARKET_			
Pump Type			ower Type		
Circle one			Circle one		
Air Lift (Jet)	Submersible	Diesel Engine Gasol	ine Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	i	Tractor PTO	
Centrifugal Rotary	Flowing Well]	r (specify):		
Other (specify):		Horse Power Rating of Moto	$\lambda \cap$		
Date Pump Installed: <u>3/11/13</u>		Setting Depth: JOFT	<u>~</u> ' ·	get	
Rated Pump Capacity: 8.5	_Gallons Per Minute	Number of Stages:	3		
Pump Test Data	l		leasuring Water La	vel	
Date Well Tested:			Circle one		
Static Water Level (A): <u>95</u> Fee	t Below Land Surface	Air Line Electric Me	easuring Line	Steel Tape	
Pumping Water Level (B): <u>N/A</u> Fee	t Below Land Surface	Other (specify):	<u></u>		
Drawdown [(B) - (A)]: <u>NA</u> Fee	t Below Land Surface	For flowing well, measured	shut in head: \mathcal{N}	A_feet	
Test Pumping Rate: 8,5	_Gallons Per Minute	Well yielded 24	GPM with a dra	wdown of	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	NA_feet after	NA hou	rs of pumping	
I HEREBY CERTIFY that the above state	ments are true to the best of	f my knowledge	fur	MAR 1 3 2013	
Print Name of Pump Installer and License	No. (if applicable)	Signature of Pump	Installer		
		\mathcal{O}	Lewis F	Printing - Pascagoula, MS	

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