State W	ell Report	
	art 1 For Office Use Only:	
Mississippi Departmen	t of Environmental Quality Aquifer:	
Permit #:Office of Land a	nd Water Resources New 10631 Well #: <u>J-353</u>	
Driller COAST Water Well SRV. P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation:		
Date drilling completed: $10.12.07$ (601)	961-5210	
(601)354	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	Well Location	
Owner Name William Heyl	Latitude: <u>30 · 30 · 985</u> , Longitude: <u>088 · 54 · 996</u> , 55 00	
Mailing Address: HWY 15	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS Survey-grade GPS	
Biloxi, Ms 39532 City State Zip Code	NW 1/ NW 1/4 Sec 20 Twn T6 5 Rng R9W	
Telephone No. (28) 297-6141	Distance Direction Nearest Town <u>41/2</u> Miles <u>Noratt</u> of <u>Biloki</u>	
Well Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: $10-12-07$ Date well drilling completed: $10-12-07$		
If flowing, method of flow regulation: Valve NA 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: <u>330FT</u> . Well depth: <u>330FT</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 330_feet Casing diameter:inches Type of casing:		
Screen length:		
Screen slot size: <u>OOV</u> inches Setting depth: From <u>330</u> feet to <u>330</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: <u>NA</u> 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	Can Red WREEPEN	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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BY: OLWA

If well telescopes please sketch below and show depths.

J- 353

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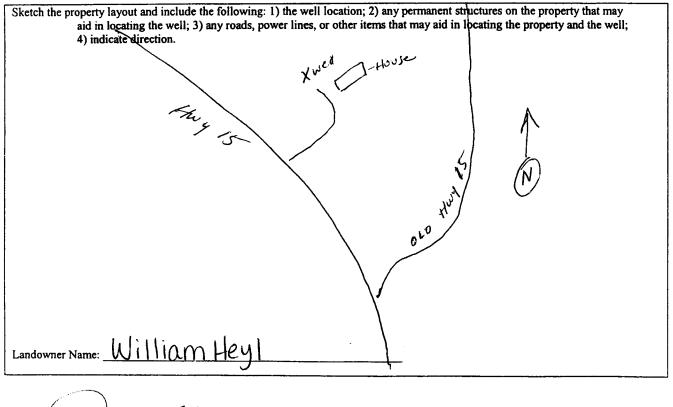
BY: OLWA

Ground Level

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 Description of Formations Encountered TOPSOIL BUECIAY Bray Midium Sand	From To

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



r Rep /ai Signature of Water Well Contractor

Signature of Water Well Contracto

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county: Harrison P	Part 2 nstaller's Completion Report For Office Use Only:
Mississ	epartment of Environmental Quality Aquifer.
Permit #: Driller COOSt Water Well SRV.	of Land and Water Resources P.O. Box 10631 ackson, MS 39289-0631 Well #: <u>J-35</u>
	ackson, MS 39289-0631 Well #:
Date completed: 10-12-07	(601)354-6938 (fax) Elevation:
This report should be prepared by the pump in installation of pump.	er in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: William Heyl	Latitude: <u>20°30'923</u> "Longitude: <u>088°54'9</u>
Mailing Address: HWY 15	Method of Lat/Long (circle one): Conventional Survey,
· • •	USGS quad, Hand-held GPS) Survey-grade GPS
Biloxi Ms 395	NW 1/2 NW 1/2 Sec 20 Twn T6 S Rng R94
City State Zip	
220 202 1.111	
Telephone No. 208 397 - 6141	4/2 Miles No ATT of Bilox.
Pump Type	Power Type
Circle one	Circle one
Air Lift (Jet) Submers	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed:	Setting Depth: 80FT. Drop DI DC) feet
Rated Pump Capacity: 75 Gallons P	ute Number of Stages: Z
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 10-29-07	Circle one
Static Water Level (A):Feet Below Lar	Air Line Electric Measuring Line Steel Tape
	Other (specify)
Pumping Water Level (B): <u>NA</u> Feet Below Lan	1/
Drawdown [(B) – (A)]: <u>NA</u> Feet Below Lan	
Test Pumping Rate: 7,5 Gallons Pe	
Duration of Pump Test (minimum 4 hours):	urs NA feet after NA hours of pumping
TOHNNY FIKINS 0-711.P	he best of my knowledge. RECEIVED
Print Name of Purp Installer and License No. (if appli	Signature of Pump Installer NOV (1.5 mm)
	Seman of I mill moralice with the same

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