	State Well Report						
County: Harrison	Part 1		For Office Use Only:				
	Mississippi Department of Environmental Quality		Aquifer:				
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: <u>N\1168</u>				
Driller: COAST WATER WELLSRV	Jackson, MS 39289-0631		L. S. Elevation:				
Date drilling completed: 5-31-13	(601) 96 (601) 354-6		E-log #:				
	(601) 354-6938 (fax)						
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_TELACO CONSTRU	iction 1	atitude: 30 · 27 · 430	³ Longitude: 088 54.14.94.				
Mailing Address: 111 Hunter		43 Method of Lat/Long (circle one): Conventional Survey,					
			GPS, Survey-grade GPS				
Clean Springs, MS 39564 City State Zip Code		NE 1/4 SE 1/4 Sec 5 Twn T7 5 Rng R9W					
Telephone No. (28)872 - [C18		Distance Direction Nearest Town $/N$ Miles of $D' \mathcal{LBERU, 1}(e_{-})$					
	Weil Data						
Dumon of Wall (single and) Home	Instrial Dublic Surply In	mignation Fish Culture	Other				
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:							
Date well drilling started: <u>5-30-13</u> Date well drilling completed: <u>5-31-13</u>							
If flowing, method of flow regulation: Valve NA Other (describe)							
Static Water Level: <u>45</u> feet al	oove or below circle one) land	surface Date measured:	5-31-13				
Method of Measurement (circle one) steel tape electric tape air line other:							
Hole depth: <u>330 FT</u> Well depth: <u>320 FT</u> Well grouted to a depth of <u>10</u> feet							
Type of grout (circle one): Cement Bentonite Mix							
Casing length: <u>310</u> feet Casing diameter: <u>9</u> inches Type of casing: <u>PVC</u>							
Screen length: feet Screen diameter: inches Type of screen:							
Screen slot size: + CC6_inches Setting depth: From 310_feet to 320_feet							
Type of completion (circle all applicable):	Gravel packed Underream	med Telescoped Open h	nole Natural Development				
	Other (describe):						
Top of lap pipe or reduction in casing: <u>N/A</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): N/A							
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 Kidgdell 0-472 Jane Reffer							
Print Name of Water Well Contractor and	License No.	Signature of V	Vater Well Contractor				

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If well telescopes please sketch below and show depths.

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Crowed Level		Description of F	ormations Encou		From	
Ground Level		Red Sand			-9	
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	of each of sketch					
If more than one screen, show location the property layout and include the f aid in locating the well; 3) any 4) indicate direction.	ollowing: 1) the well lo roads, power lines, or	ocation; 2) any permane other items that may aid	nt structures on t d in locating the p	he property tha property and th	it may ne well;	
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STATE WELL REPORT						
County: Harrisch Pump Installe Permit #: Office of Lan Driller: COGH Water Well SRV. Jackson 0 5-31-13 (6)	Part 2 For Office Use Only: rr's Completion Report Aquifer: hent of Environmental Quality Aquifer: 0. Box 10631 Well #: <u>MCLE</u> ; 01) 961-5210 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: TELOC C CONSTRUCTION Mailing Address: III Hunter Drive <u>Ocean Springs</u> Ms 39564 City State 1 Zip Code Telephone No. 628.) 8-72 - 1618	Well LocationLatitude: $30^{\circ} 27' 43.08$ "Longitude: $58^{\circ} 54' 14.94''$ Method of Lat/Long (circle one): Conventional Survey,USGS quade Hand-held GPSSurvey-grade GPS $NE - \frac{4}{5E} - \frac{5}{4} \cdot \frac{5}{100} \cdot \frac{775}{100} \cdot \frac{890}{1000}$ DistanceDirectionNearest Town 1^{N} Miles ofD' IBenu-1/a					
Pump Type	Power Type					
Circle one	Circle one					
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas					
Bucket Piston Turbine	Electric Motor Hand Tractor PTO					
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor:					
Pump Test Data	Method of Measuring Water Level					
Date Well Tested: <u>5-3 - 3</u> Static Water Level (A): <u>45</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify):					
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet					
Test Pumping Rate: / ZGallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Well yielded 25 GPM with a drawdown of NA feet after NA hours of pumping					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jack Ridgal 0-472 Print Name of Pump Installer and License No. (if applicable) Lewis Printing - Pascagoula, MS						

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