State W	ell Report				
	art 1	For Office Use Only:			
County: Mississippi Departmen	t of Environmental Quality	Aquifer:			
	nd Water Resources	Well #: A-82			
Devilor: VILLINT MITTING VILLINDU	lox 10631				
Jackson, M	IS 39289-0631 961-5210	L. S. Elevation:			
	4-6938 (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	Well	Location			
Owner Name_Billy Dubose	Latitude: <u>30 • 39 , 049</u>	" Longitude: 08.46,499,"			
Mailing Address: Little Buck Rd.	Method of Lat/Long (circle or				
	USGS quad, Hand-heid				
Vancleave Ms 39565 SE 1/2 SW1/2 Sec 34		Twn TYS Rng R8W			
Telephone No. (423 645-0183	Distance Direction Nearest Town				
Well I	Data				
		Other			
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: <u>3-38-06</u> Date well drilling completed: <u>3-3-06</u> If flowing, method of flow regulation: Valve <u>NA</u> Other (describe)					
Static Water Level: <u>120</u> feet above or below circle one) land surface Date measured: <u>3-2-06</u>					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>546</u> Well depth: <u>546</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Bentonite Mix		Dur			
Casing length: <u>536</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>					
Screen length:feet Screen diameter:inches Type of screen:VC					
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:	Top of lap pipe or reduction in casing:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s): NIA I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi					
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.					
JackRidgdell 0-472	_ Jack 1	hiljdell			
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor			
		RECEIVED			
		MAR 2 7 2006			

BY: OLWR

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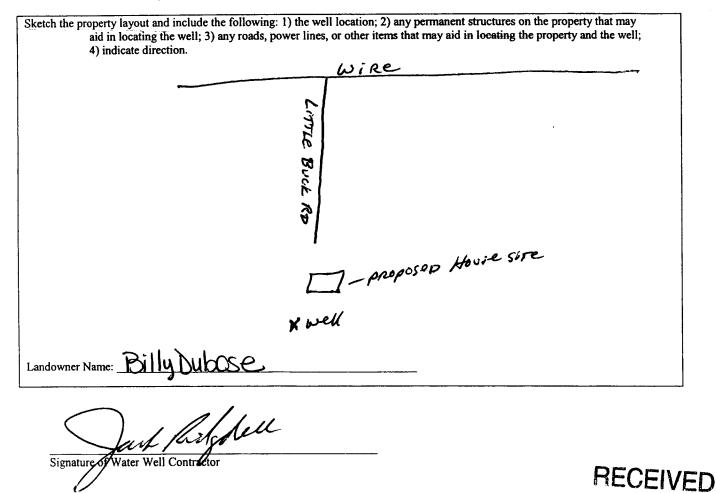
If well telescopes please sketch below and show depths.

Ground Level

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	Description of Formations Encountered	From	То
- 1	60 Soil	$\Box O$	
	Trange Clay		18
	Brown Coarselsand	18	37
1	Brange Clay W/streaks OFSand	37	μQ
	Blueclay	110	age
	Gray Medium to Coarse, Sand	630	
	Bueclay	00.1	300
	Gray Medium to Coarse sand	505	3/5
	Blue Clay WStreaks of Sand	<u>615</u>	400
	Gray coarse Sana	488	276
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If more than one screen, show location of each on sketch



MAR 2 7 2006 BY: OLWR

STATE WELL REPORT				
County: JOCKSON Pump Installer Permit #: Mississippi Departme Driller Office of Land Driller Bate completed: 3-2-006 (601)3: (601)3:	Part 2 's Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax)	For Office Use Only: Aquifer: Well #: A-82 Elevation:		
This report should be prepared by the pump installer in det installation of pump.				
Well Owner Information Owner Name: Billy DUDOSE Mailing Address: Little BUCKRd <u>Vancleave MS 39565</u> City State Zip Code Telephone No. (42,3 1046-0183	Latitude: <u>39'049</u> " I Method of Lat/Long (circle one)	Twn T 48 Rng R8W		
Pump Type Circle one Air Lift Jet Bucket Piston Turbine		er Type ele one Engine Natural Gas Tractor PTO		
Centrifugal Rotary Flowing Well Other (specify):	Horse Power Rating of Motor:	MAY 1 5 2006		
Pump Test Data Date Well Tested: $4 - 10 - 06$ Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 5.5 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Jack Ridgdell 0-472</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

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