State V	Vell Report	F 05 H 0 H			
County:	Part 1	For Office Use Only:			
Mississippi Departme	ent of Environmental Quality	Aquifer:			
	and Water Resources Box 10631	Well #: <u>B-64</u>			
Driller CCIST WATER WEll St. Jackson,	MS 39289-0631	L. S. Elevation:			
Date drining completion 121	1)961-5210 54-6938 (fax)	E-log #:			
(001)3	34-0938 (IAX)	L-10g #.			
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.					
Well Owner Information	1	Location			
Owner Name Pam Firth		Longitude: <u>08</u> <u>38</u> 360			
Mailing Address: Deer Lang	Method of Lat/Long (circle or	ne): Conventional Survey,			
Lot 55	USGS quad, Hand-held	GPS Survey-grade GPS			
Moss Point MS 39562	56 1/2 5/W 1/4 Sec 38	Twn 745 Rng R7W			
City State Zip Code	1 1R 112	Nearest Town			
Telephone No. (228 990 - 1492	Miles NW	of Wave			
Well	Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 2-8-07 Date well drilling completed: 2-8-07					
If flowing, method of flow regulation: Valve \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
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:					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 215 feet Casing diameter: 2 inches Type of casing: DVC					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: DVC					
Screen slot size:inches Setting depth: From215feet to235feet					
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 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): NIA					
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 Ridgdell 0-472) cel	Ribdue			
Print Name of Water Well Contractor and License No.	Signature of V	Vater Well Con RECEIVED			

MAR 0 5 2007

From To

Ground Level		Description of Formations Encountered	From	To
0.04.10		Occupation Clay	$\frac{0}{2}$	10
		Whiteycoarse sand	18	45
•		Bul clay	45	20
		Gray medium Sand	200	23
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wner Name: PAM	Firth			
wner Name: PCM	Firth			

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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BY: OLWE

STATE WELL REPORT

County: Jackson Permit #: Driller(MST Water Well SRV. Date completed: 2-8-0.7

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) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. 42 /86Well Location Well Owner Information Owner Name: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS SE 45w 4 Sec 38 Twn 745 Rng R7w Distance Direction Nearest Town Telephone No. (228) 990 6 Miles NW WADE Power Type Pump Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 1/2 Other (specify): Date Pump Installed: 2-12-0 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 2-12-07 Electric Measuring Line Air Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): The Feet Below Land Surface Drawdown [(B) - (A)]: N Feet Below Land Surface For flowing well, measured shut in head: N/A feet Test Pumping Rate: 8-5 Gallons Per Minute Well yielded 8.5 GPM with a drawdown of N/A feet after N/A hours of pumping Duration of Pump Test (minimum 4 hours): 5 hours

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Jack Ridgdell 0-472	and Rith	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		MAR 0 5 2007