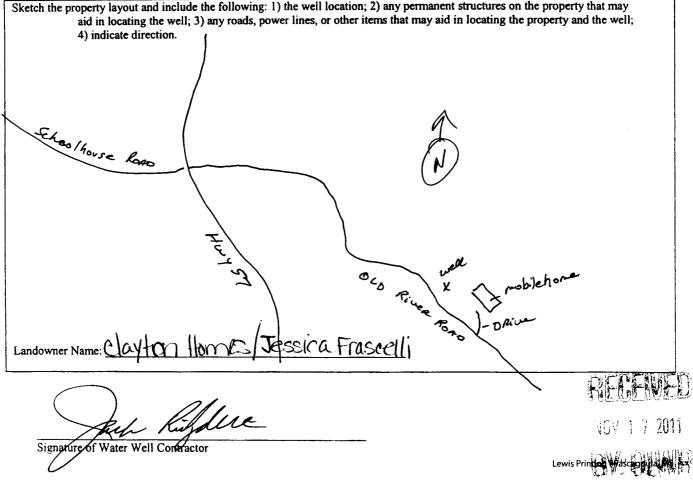
County: UKKEON Part 1 Mississippi Department of Eavironmental Quality Aquifer: 3 9 2 Well #: Usessispipi Department of Eavironmental Quality Office of Land and Water Resources P.O. Box 10651 Date draiting completed: D(20011) State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well #: Well Water Information Well Vert Mark Information Well Vert Mark Information Owner Name (A)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10		State W	ell Report	For Office Use Only:
Permit Mississippi Department of Paviformental Quilly Aquit::::::::::::::::::::::::::::::::::::	County (Tackson)			
Drille OrtHUNDU Will Sevents P.O. Box 10631 User State Stat		Mississippi Departmen	t of Environmental Quality	Aquifer: 7 &
Drille drilling completed: Date drilling	Permit #:			Well #:
(601) 394-9938 (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 Owner Name (14) HOM (155)(0 F163(d)) Mailing Address:	Drillet DIST WILTH WUISKY.			L. S. Elevation:
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 Owner Information Owner Name (14) + CO + HO + DO + DO + DO + DO + DO + DO + D	Date drilling completed:	• •		
30 days of completion of drilling of the well. Well Overation Well Owner Name (lay Horn Kossica Flact(line) Latitude: 30:40 . All Sb Longitude (88:44 . All Sb Longitude (88:45 . All Sb Long (88:45 . All Sb Longitude (88:45 . All Sb Lon		(601) 35	4-6938 (fax)	E-log #:
Well Owner Information Well Cocation Owner Nam (LAY HO) HOM (Tessica Fractoria) Mailing Address: \bigcirc	State Law requires that this repo 30 days of completion of drilling	ort be prepared by the of the well.	driller in detail and filed w	vith the Department within
Mailing Address: DYSO OL RIVELAD. Mailing Address: DYSO OL RIVELAD. Wethod of Lat/Long (circle one): Conventional Survey, USGS quad, filand-held GPS; Survey-grade GPS Wethod of Lat/Long (circle one): Twn T45 Rng R T W Distance Purpose of Well (circle one): Basic State Zip Code Well Data Well Data Purpose of Well (circle one): Horre: Industrial Date well drilling started: IO (D)				
USGS quad, frand-held GPS, Survey-grade GPS City State Zip Code Telephone No. SS 831-8088 Well Bata Purpose of Well (circle on Home Industrial Public Supply Irrigation Fish Culture Other:			Latitude: <u>30.40</u> , <u>24</u>)	\$ Longitude: <u>686 42 , 24, 78</u>
$V(M \in A \vee C, M \leq 37.5 \cup 5)$ City State Zip Code $N \vee N \in V_s$ Sec $M = 145^{\circ}$ Rng $R \uparrow U$ Distance Direction Neagest Town $M = 10^{\circ}$ New Point Neagest Town $M = 10^{\circ}$ Neight State Neagest Town $M = 10^{\circ}$ Neagest Town Neagest Town $M = 10^{\circ}$ Neight State Neagest Town $M = 10^{\circ}$ Neight State Neagest Town $M = 10^{\circ}$ Neight State Neight State Neight State $M = 10^{\circ}$ Neight State Neight State Neight State Neight State $M = 10^{\circ}$ Neight State Neight State Neight State Neight State $M = 10^{\circ}$ Neight State Neight State Neight State Neight State $M = 10^{\circ}$ Neight State Neight State Neight State Neight State Neight State State Neight State Neight State<	Mailing Address: 378001	River RD.		
Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10 Date well drilling completed: 10 If flowing, method of flow regulation: Valve NA Other (describe)			USGS quad, Hand-held	I GPS, Survey-grade GPS
Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10 Date well drilling completed: 10 If flowing, method of flow regulation: Valve NA Other (describe)	Vonckave. Me	537.565	NE 1/4 NE 1/4 Sec 19	$\frac{1}{1} \operatorname{Twn} \frac{\mathcal{T} \mathcal{H} \mathcal{S}^{\vee} \operatorname{Rng} \mathcal{R} \mathcal{T} \mathcal{W}}{\mathcal{R} \operatorname{Ng} \mathcal{R} \mathcal{T} \mathcal{W}}$
Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10 Date well drilling completed: 10 If flowing, method of flow regulation: Valve NA Other (describe)	City Stat	e Zip Code	NW 29 Distance Direction	Nearest Town
Purpose of Well (circle on Horne Industrial Public Supply Irrigation Fish Culture Other:	Telephone No. 200 831-8088	<u>. </u>	Miles North	of Varclence
Date well drilling started: 10 2011 Date well drilling completed: 10 2011 If flowing, method of flow regulation: Valve Other (describe) Static Water Level: 45 feet above of below (circle one) land surface Date measured: 10 2011 Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: T5 FT. Well depth: FT. Well grouted to a depth of feet Type of grout (circle one): Cernent Mix Casing length: feet Casing diameter: inches Type of casing: Screen length: feet Screen diameter: inches Type of screen: Screen slot size: (OUO inches Setting depth: From feet to 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: MA feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable) No log run feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable) No log run Name of organization running log(s):		Well	Data	
If flowing, method of flow regulation: Valve	Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:
Static Water Level:		1.	vell drilling completed:	120/11
Method of Measurement (circle one) steel tape electric tape air line other:	If flowing, method of flow regulation: Val	ve <u>NA</u> Other (d	escribe)	
Hole depth:	Static Water Level: <u>45</u> feet ab	ove or below (circle one)	and surface Date measured:	10/20/11
Type of grout (circle one): Cement Kantonite Mix Casing length:	Method of Measurement (circle one) st	eel tape electric tape	air line other:	
Casing length:	Hole depth: 75FT. Well dep	oth: <u>75 FT-</u>	Well grouted to a depth of	<u>feet</u>
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC	Type of grout (circle one): Cement			
Screen slot size: <u>COO</u> inches Setting depth: From <u>65</u> feet to <u>75</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> 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: <u>Name of organization running log(s)</u> : <u>NA</u> 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.	Casing length: <u>65</u> feet Casir	ng diameter:	inches Type of casing:	PUC.
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):	Screen length: 10_feet Scre	en diameter:	inches Type of screen:	PVC_
Other (describe):	Screen slot size: <u>CCC</u> inches	Setting depth: From _	<u>65</u> feet to <u>7</u>	fect
Top of lap pipe or reduction in casing:	Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Oper	n hole Natural Development
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:		Other (describe):	·····	
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 laws.	Top of lap pipe or reduction in casing:	NAfeet. If te	lescoped or more than one scr	een, describe on back of page
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.	Logs run (circle all applicable). No log ru	n Electric Gamma Ray	Density Sonic Neutron	Other:
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	Name of organization running log(s): I certify that the well was drilled, constr	N/H ucted, and completed in	accordance with all applicable	e requirements of the Mississippi
ack Klagdell 0-472 Jan Ridgelies	Jack Ridadell O-	-472	$\langle \rangle$	1
Print Name of Water Well Contractor and License No.	Print Name of Water Well Contractor and	License No.		
Lewis Printing A Pascagoular MS	L		\mathcal{U}	

vis Printing	Pasc	agon	ia Mo	
1945	1	6 3	14 N	1.4.3
		12 M	71190	101

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	To-
	Brown Coarse Sand	58	58 75
		-	
			J
If more than one screen, show location of each on sketch			
etch the property layout and include the following: 1) the well loo aid in locating the well; 3) any roads, power lines, or o 4) indicate direction.	ation; 2) any permanent structures on the property that the property and t	at may he well;	



	STATE WI	ELL REPORT	
County: JACKSON Permit #: Driller 0051 WA-Er WellSI Date completed: 10 30 11	Pump Installer? Mississippi Department Office of Land P.O. I Jackson, N (601	art 2 s Completion Report at of Environmental Quality and Water Resources Box 10631 AS 39289-0631) 961-5210 54-6938 (fax)	For Office Use Only: Aquifer:
This report should be prepare	ed by the pump installer in deta		ent within 30 days of the
installation of pump. Well Owner In	formation	We	ell Location
Owner Name: Clayton Hon	res/Jessica Frescelli	Latitude: 30°40'39.8	Longitude D88 42 24
Mailing Address: 22820	DID KIVERA	Method of Lat/Long (circle o	ne): Conventional Survey,
		USGS guad, Han	d-held GPS, Survey-grade GF
Vancleave	State Zip Code	<u>NE 1/2 NE 1/4 Sec P</u> NW Distance Direction	Twn <u>TYS</u> Rng <u>R 7</u> Nearest Town
Telephone No. 208 831-9	<u>7088</u>		of Vincleme
Pump T Circle			ower Type Circle onę
Air Lift Jet	Submersible	Diesel Engine Gasoli	ine Engine Natural C
Bucket Piston	Turbine	Electric Motor Hand	Tractor P
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
U I	-	Horse Power Rating of Moto	- I HP
Other (specify):		Setting Depth: 60 FT. D	<u> </u>
Date Pump Installed:	-[]	Setting Depth: WVF1.D	<u>vprip_teet</u>
Rated Pump Capacity:9	Gallons Per Minute	Number of Stages:	<u> </u>
Pump Tes	t Data		easuring Water Level
Date Well Tested:			
Static Water Level (A): 45	Feet Below Land Surface	Air Line Electric Me	asuring Line Steel Tape
Pumping Water Level (B): N/A	Feet Below Land Surface	Other (specify):	
• • •			
Drawdown [(B) – (A)]: $N[A]$	Feet Below Land Surface	For flowing well, measured s	
Test Pumping Rate:9	Gallons Per Minute	Well yielded 15	GPM with a drawdown of
Duration of Pump Test (minimum 4	hours):hours	NA feet after	NA hours of pump
HEREBY CERTIFY that the abov	e statements are true to the best of $-1/2$	of my knowledge.	they but the
Print Name of Pump Installer and Li	icense No. (if applicable)	Signature of Pump I	
	,,,,,,, _		
			RV. A