State W	ell Report	ſ <u></u>]			
County DCKSON P	art 1	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:			
	Box 10631	Well #: <u>C-//9</u>			
Driller ULST WUTT WCTISK Jackson, N	IS 39289-0631	L. S. Elevation:			
	961-5210 4-6938 (fax)	E-log #:			
		uith the Demontment within			
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	1	I Location			
Owner Name Valane Martin	Latitude: <u>30.31.46</u>	7" Longitude: (3) 33 . 4/0"			
Mailing Address: Sammy Hearnden RD.	Method of Lat/Long (circle of	he): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS				
MOSS POINT MS 37563 City State Zip Code	5 1/ NW 1/4 Sec_ 3 6	Twn <u>745 Rng R66</u>			
Telephone No. 2018 (23-8761	Distance Direction	Nearest Town of <u>Hurly</u>			
Weil Data					
Purpose of Well (circle one) (Iome) Industrial Public Supply	Irrigation Fish Culture	Other:			
Date well drilling started: $8 - 1 - 07$ Date well drilling completed: $8 - 1 - 07$					
If flowing, method of flow regulation: Valve $\frac{N/A}{A}$ Other (describe)					
Static Water Level:					
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: <u>70FT</u> Well depth: <u>70FT</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 60 feet Casing diameter: 3 inches Type of casing: PV_{C}					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
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: N/A 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 a					
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Jack Ridgelel 0-472-		hopen			
Print Name of Water Well Contractor and License No.	Signature of V	Water/Well Contracting CEIVE			
		AUG 1 5 2007			

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BY: OLWR

C-119

If well telescopes please sketch below and show depths.

 Ground Level
 Description of Formations Encountered
 From
 To

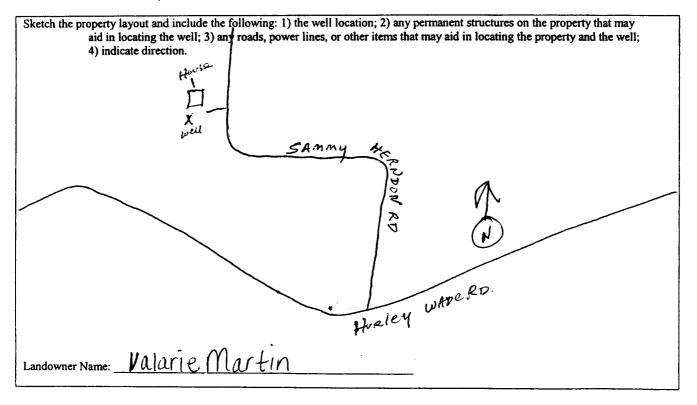
 TODSOIT
 O
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 Orange + Blue Clay
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 White coarse.sand
 I
 I

 Image: I

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



u Signature of Water Well Contractor

AUG 1 5 2007

BY: OLWR

Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):		STATE W	ELL REPORT		
This report about he prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pamp. Well Owner Information Well Carcinon Owner Name: JAI (JAI (E.) Matheward State Mass Colin+, MS JELO USGS quad, (finad-held GPS) Survey-grade GPS State Jip Code Distance Direction Nearest Town Pump Type Circle one Air Lift Parmp Type Circle one Air Lift Pump Type Circle one Network See 36 Two T Difter State <th colspan<="" th=""><th>Permit #: Driller: COASt Water WellSk</th><th colspan="2">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</th><th>Aquifer: Well #: <u>C-//9</u></th></th>	<th>Permit #: Driller: COASt Water WellSk</th> <th colspan="2">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</th> <th>Aquifer: Well #: <u>C-//9</u></th>	Permit #: Driller: COASt Water WellSk	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		Aquifer: Well #: <u>C-//9</u>
Well Owner Information Well Owner Information Owner Name: Val QY iC Mar Filt Well Owner Information Well Owner Information Well Owner Information Owner Name: Val QY iC Mar Filter Well Owner Information Well Owner Information Well Owner Information Mailing Address: H130 SUMMer State Owner Non State Owner Non State Distance Distance Power Type Circle one Circle one Nump Type Circle one Power Type Circle one Subme					
Multion of the service statements are true to the best of my knowledge Owner Name: $V(1)(1) (1) (1) (1) (1) (1) (1) (1) (1) ($	installation of pump.				
Mailing Address: 4130 Sammie, Hearing of Nethod of LavLong (circle one): Conventional Survey, USGS quad, Hand-held OP) Survey-grade GPS Mass Address: Algo Sammie, MS 374/2 City State Zip Code State Telephone No. 2020 (2020) State Pamp Type Distance Circle one Nearest Town Air Lift Iet Date Pump Installed: State Pamp Type Circle one Circle one Distance Distance Direction Natural Gas Blocket Piston Turbine Centrifugal Rotary Plowing Well Other (specify): Date Pump Installed: State Static Water Level (A): IO Feet Below Land Surface Nethod of Measuring Water Level Date Well Tested: State Pump Test Data Method of Measuring Water Level Date Well Tested: IO Static Water Level (A): IO Feet Below Land Surface Ni A Pamping Water Level (B): M/A Feet Below Land Surface Ni A <td>Owner Name: Valarie, M</td> <td colspan="2"></td> <td>"Longitude: 088 21 410"</td>	Owner Name: Valarie, M			"Longitude: 088 21 410"	
USGS quad, Hand-held OP; Survey-grade GPS USGS quad, Hand-held OP; Survey-grade GPS State / Zip Code Telephone No. 2018 (2013 - 87(2)] Pamp Type Circle one Ower Type Circle one Air Lift Pamp Type Circle one Ower Type Circle one Dised Engine Bucket Piston Used for fixed one Dised Engine Gasoline Engine Naturel (Air (specify): Optime Test Data Method of Measuring Water Level (Air Line) Date Pump Installed: \$2-2-07 Rated Pump Capacity: //2 Date Vell Tested: \$2-2-07 Static Water Level (A): //0 Det Pump Test Data Method of Measuring Water Level Circle one Static Well Tested: \$2-2-07 Static Well Tested: \$2-2-07 Static Well Tested: \$2-2-07	Mailing Address: 41:30 Samm	ie. Hearndon R	Method of Lat/Long (circle on	e): Conventional Survey,	
Image: State with the state with t					
Telephone No. (DS) (Mass Point	MS 395/D			
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	City State		Distance Direction	Nearest Town	
Circle one	Telephone No. 2018 (23-87	<u>[6]</u>	Miles of	thealey	
Air Lift It Juin Market M					
Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	\sim	Submersible			
Other (specify):		Turbine		- -	
Date Pump Installed: 8-2-07 Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-2-07 Static Water Level (A): 10 Feet Below Land Surface Electric Measuring Line Drawdown [(B)-(A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge. Mathue JACK Minute Signature of Pump Installer and License No. (if applicable) Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):	
Date Pump Installed: 8-2-07 Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-2-07 Static Water Level (A): 10 Feet Below Land Surface Electric Measuring Line Drawdown [(B)-(A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B)-(A)]: M/A Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge. Mathue JACK Minute Signature of Pump Installer and License No. (if applicable) Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Other (specify):		Horse Power Rating of Motor:	INP	
Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: Z Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Electric Measuring Line Steel Tape Orawdown [(B) - (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: N/A feet Ouration of Pump Test (minimum 4 hours): 4 hours Number of my knowledge. Method of Measuring Water Level Method of Measuring Water Level Duration of Pump Test (minimum 4 hours): 4 hours For flowing well, measured shut in head: N/A feet HEREBY CERTIFY that the above statements are true to the best of my knowledge. Mathematication Mathematication Mathematication Mathematication Digitation of Pump Installer and License No. (if applicable) Signature of Pump Installer Method of Measuring Water Level Mathematication Method of Measuring Line Nours Method Surface Method Surface Method Surface Method Surface Data Print Name of Pump Installer and License No. (if applicable) Method Su	Date Pump Installed: 8-2-0				
Date Well Tested: 8-2-07 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface For flowing well, measured shut in head: N/A feet Well yielded _0 Ouration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. M/A hours of pump Installer and License No. (if applicable) Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIV	Rated Pump Capacity: //				
Date Well Tested: 8-2-01 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Drawdown [(B) - (A)]: M/A Feet Below Land Surface Duration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. M/A hours JOCK M/A M/A HECEIV Signature of Pump Installer and License No. (if applicable) Signature of Pu	• •	· · · · · · · · · · · · · · · · · · ·			
Static Water Level (A): IV Feet Below Land Surface Pumping Water Level (B): M/A Feet Below Land Surface Orawdown [(B) - (A)]: N/A Feet Below Land Surface Orawdown [(B) - (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: N/A Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours N/A HEREBY CERTIFY that the above statements are true to the best of my knowledge. M/A	Date Well Tested: 8-2-0/	<u> </u>			
Pumping Water Level (B): <u>N/A</u> _Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> _Feet Below Land Surface Test Pumping Rate: <u>/O</u> _Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> _hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>JOCK RIADELLO-47D</u> Print Name of Pump Installer and License No. (if applicable) Print Name of Pump Installer and License No. (if applicable) AUG 15 20	Static Water Level (A):Feet	Below Land Surface			
Test Pumping Rate: / O	Pumping Water Level (B): <u>N/A</u> Feet	Below Land Surface	Outer (spechy):	1 ,	
Test Pumping Rate: / O	Drawdown [(B) – (A)]: $\underline{N/A}$ Feet	Below Land Surface	For flowing well, measured shu	It in head: N/A feet	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours <u>NA</u> hours of pumping HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>JACK RIMELO-472</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer AUG 15 20	Test Pumping Rate: / O	Gallons Per Minute			
Jack Right II 0-472 Jun July July Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer AUG 1520	Duration of Pump Test (minimum 4 hours):	<u> </u>	1.		
Jack Right II 0-472 Jun July July Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer AUG 1520					
AUG 1 5 20	Jack Richdell C	2-472	Jack fur		
	TTER Maine of Fullip Instance and License P		Signature of Pump Inst		
			V		
				BY: OLW	
