State W	ell Report					
Tackson	Part 1	For Office Use Only:				
Mississippi Departmen	at of Environmental Quality	Aquifer:				
	and Water Resources Box 10631	Well #: <u>C136</u>				
Driller UDT WITE WEITSNY. Jackson, N	AS 39289-0631	L. S. Elevation:				
	961-5210	E-log #:				
	54-6938 (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	Well	Location				
Owner Name Billy Stork	Latitude: 30 . 39 . 416	" Longitude: 058 • 34 · 182."				
Mailing Address: Clifford Johnson Rd.	AG Method of Lat/Long (circle or					
	USGS quad, Hand-held	GPS Survey-grade GPS				
Moss Point, Ms 39562	MOSS POINT, MS 39562 SW 1/ NE 1/ Sec 34					
City State Zip Code Telephone No. (228) 219 - 6020	Distance Direction MilesMORTH	Nearest Town of WADE				
Well						
$\mathbf{O}$						
Purpose of Well (circle one) Home Industrial Public Supply		Other:				
Date well drilling started: 6-18-09 Date	well drilling completed:	<u>r-18-09</u>				
If flowing, method of flow regulation: Valve $N/A$ Other (	describe)					
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: (CFT. Well depth: (CFT.	Well grouted to a depth of	0 feet				
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 50 feet Casing diameter: 3 inches Type of casing: PVC						
Screen length: 10 feet Screen diameter: 2 inches Type of screen: P.VC						
Screen slot size: 1000 inches Setting depth: From 50 feet to 60 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: $N/A$ feet. If telescoped or more than one screen, describe on back of page						
Logs run (circle all applicable): No log run Electric Gamma Ray	y Density Sonic Neutron	Other:				
Name of organization running log(s): N/A	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.						
JACK RIDGOELL 0-472		n Righer				
Print Name of Water Well Contractor and License No.	Signature of					
		JUL 0 2 2009				

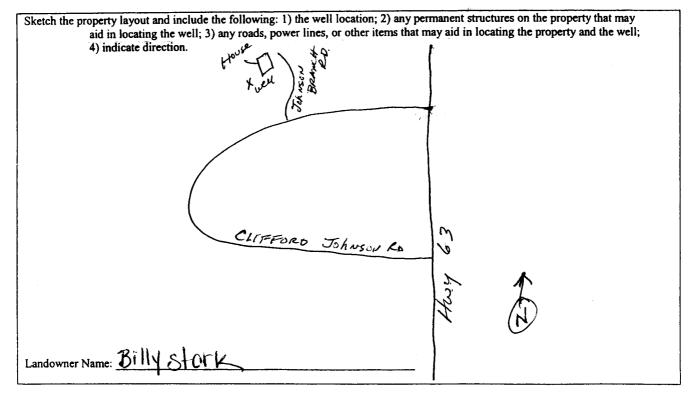
BY: OLWR

If well telescopes please sketch below and show depths.

Gro

round Level	 Description of Formations Encountered	From	T₀ 2
	White coarse Sand	30	30 60

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



Edu Signature of Water Well Contractor

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STATE WELL REPORT					
County: JUCKSON	Pump Installer Mississippi Departme Office of Land	Part 2 "s Completion Report ent of Environmental Quality and Water Resources Box 10631	For Office Use Only: Aquifer:		
DrillerCCOStWaterWellSR Date completed: <u>10-18-09</u>	V. Jackson, (60	MS 39289-0631 1) 961-5210 354-6938 (fax)	Well #: <u>C136</u> Elevation:		
This report should be prepared by installation of pump.	y the pump installer in de	tail and filed with the Departme	ent within 30 days of the		
Well Owner Inform	nation	Wei	ll Location		
Owner Name: Billy StorK		Latitude: 30° 39' 416"	5 Longitude: 088'34'152"		
Mailing Address: <u>Clifford Jo</u>	nnson Ra	Method of Lat/Long (circle or			
Moss Point,	MS 39562		t-held GPS Survey-grade GPS		
City Stat	e Zip Code	Distance Direction	Nearest Town		
Telephone No. (28) 219 - 603	Telephone No. (208) 219 - 6020 Miles NORTH of Wa		f Wade		
Pump Type Circle one			wer Type ircle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed:	-09	Setting Depth: <u>40FT. Droppipe</u> feet			
Rated Pump Capacity:9	Gallons Per Minute	Number of Stages:	· · · · · · · · · · · · · · · · · · ·		
Pump Test Da	ta internet interne		asuring Water Level		
Date Well Tested: 7-29-0	9				
Static Water Level (A):Fe	et Below Land Surface	Air Line Electric Meas			
Pumping Water Level (B): <u>N/A</u> Fe	et Below Land Surface	Other (specify):			
0	et Below Land Surface	For flowing well, measured sh			
	Gallons Per Minute	Well yielded8			
Duration of Pump Test (minimum 4 hour	s):hours	<u> </u>	N/A hours of pumping		
HEREBY CERTIFY that the above stat JACK Ridgdell 0-472 Print Name of Pump Installer and License	<u>م</u>	of my knowledge. Signature of Purpo Ins			
		ľ	AUG 1 2 2009		

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-4

BY. OLWB