	•	_
	County: Jackson	
٦	Permit #:	
	Driller: Prece W.W. M	u
I	Date drilling completed: 12-2-09	

Well Driller Report and Well Log

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)

For Office Use Only:]
Aquifer:	
L. S. Elevation:	
E-log #:	

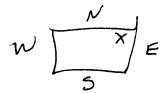
30 days of completion of drilling of the well.	driller in detail and filed with the Department within	
Well Owner Information	Well Location	
Owner Name Hinton Bldg & Remaina	Latitude:°" Longitude:°"	
Mailing Address: Quail Ridge	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
turley M 5 39565 City State Zip Code	NE 1/4 3E 1/4 Sec 30 Twn 45 Rng 5W	
Telephone No. (228) 355-0219	Distance Direction Nearest Town Miles SW of Hurley	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	/ Irrigation Fish Culture Other:	
Date well drilling started: 12-2-04 Da	te well drilling completed: 12-2-04	
If flowing, method of flow regulation: Valve Other	r (describe)	
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-2-04		
Method of Measurement (circle one) steel tape electric tape other:		
Hole depth: 60 Well grouted to a depth of 15 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 55 feet Casing diameter: 2 4	inches Type of casing:	
Screen length: 5 feet Screen diameter: a inches Type of screen: plastic		
Screen slot size: O o inches Setting depth: From	1 55 feet to 6 feet	
Type of completion (circle all applicable): Gravel packed Une	derreamed 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 R	ay Density Sonic Neutron Other:	
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in accordance w		
Environmental Quality and/or the Mississippi Department of Health regulation	ns and state laws.	
Michael Pierra Mala	Michael Prone	
Print Name of Water Well Contractor and License No.	Signature of Water Wall Contract	

If well telescopes please sketch below and show depths.

Description of Formations Encountered	riom	10
Top Soil Clay Good Sand	0	10
Clai,	10	25
areal Sand	25	60
9000.00		
		
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Hinton Blog. 4 Hemodeling

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

DACKSON County: Permit #: Driller: VICKC Date completed: 12 - 3 - 09

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)

For	Office Use Only:	
Aquifer:	189	5
Elevation:		

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.		
Well Owner Information	Well Location	
Owner Name: Hinton Bldg. & Remodeling	Latitude:Longitude:	
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
(and	LICCS award. Hand hald CDS. Summer and CDS	
- Same	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	NE 1/4 SE 1/4 Sec 30 Twn 45 Rng 5W	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	1 Miles SW of Hurley	
Pump Type	Power Type	
Circle one	Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 12-3-04	Setting Depth: 40 feet	
Rated Pump Capacity: Gallons Per Minute	Number of Stages:	
Pump Test Data		
	Method of Measuring Water Level Circle one	
Date Well Tested: 12-3-04		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): 25 Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after 4 hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
	michael Frence VEI	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	DEC 0 8 2004	