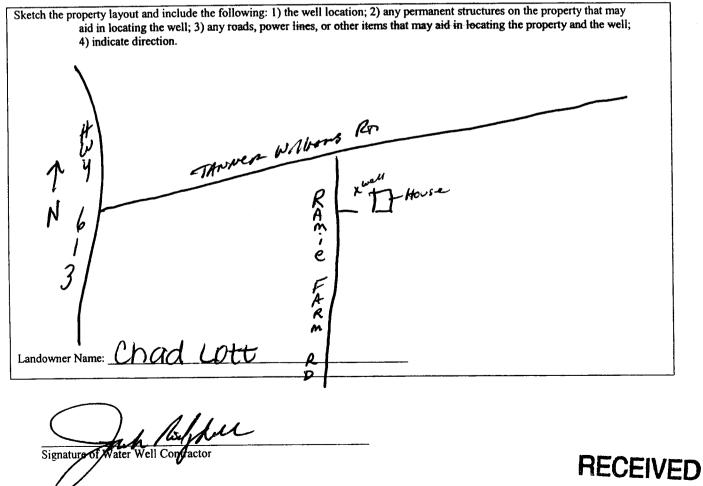
	State W	ell Report	
County: JACKSON	· Part 1		For Office Use Only:
Permit #:		of Environmental Quality nd Water Resources	Aquifer:
Driller: Coast Water Well SN.		ox 10631	Well #: D-233
	Jackson, MS 39289-0631		L. S. Elevation:
Date drilling completed: <u>5-8-00</u>	· · · ·	961-5210 I-6938 (fax)	E-log #:
State Law requires that this repo		driller in detail and filed w	ith the Department within
30 days of completion of drilling Well Owner Informat		Well	Location
Owner Name Chad LOTT			" Longitude:
			10
Mailing Address: Rames Farms Ra. Method of Lat/Long (circle or			
		USGS quad, (Hand-held	GPS, Survey-grade GPS Twn T45 Rng R50
Mosstant m	IS 39502	NW 1/4 / NW 1/4 Sec 9 1	/ Twn 745/Rng R50
City State Zip Code Dist		Distance Direction	Nearest Town of <u>Hupby</u>
Telephone No. (228) 217 - 49	4.3	<u> </u>	of Hupley
	Well I	Data	
Purpose of Well (circle oner Home Indu	ustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: $5-8-6$	Date w	vell drilling completed:5	-8-00
If flowing, method of flow regulation: Val			
		and surface Date measured:	
4.			
, ,	eel tape electric tape	air line other:	
Hole depth: Well dep	oth:	Well grouted to a depth of	[0feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 50 feet Casin	ng diameter:	inches Type of casing:	PVC
	en diameter:	inches Type of screen:	
		\sim	feet
Screen slot size:inches		- •	
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole (Natural Development)
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable) No log run	n Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s):		-	
I certify that the well was drilled, constr	ucted, and completed in a	accordance with all applicable	e requirements of the Mississip
Department of Environmental Quality a	and/or the Mississippi De	partment of Health regulation	is and state laws.
Tark Aidadal	0-1177		C.I due
Print Name of Water Well Contractor and	UTID	- fait	f Water Well Cont
	License No	Z Signature of	r water well Continetor I.

D-233

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From To
	Bed Clay White coarse sand	18 40

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



JUN 0 7 2006 BY: OLWR

STA	ATE WELL REPORT
Mississipr	Part 2For Office Use Only:Aquifer:Aquifer:Aquifer:Well #: D - 233Elevation:
This report should be prepared by the pump inst	aller in detail and filed with the Department within 30 days of the
installation of pump. Well Owner Information Owner Name: Child LOTT Mailing Address: Ramey Farm Rcl MOSS Point MS 395 City State Zip C Telephone No. (208) 217-4943	Well Location Latitude: 30° 43' 018 ⁴⁴ Longitude: 08° 29' 751' Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NW 1/4 Sec_9Twn TY 5 Rng R.5 W
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersib	le Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing W	
Other (specify): Date Pump Installed: Rated Pump Capacity: Gallons Per	Horse Power Rating of Motor:HP Setting Depth: <u>40FT, Droppipe</u> feet Minute Number of Stages:2
Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-25-06</u> Static Water Level (A): <u>20</u> Feet Below Land Pumping Water Level (B): <u>N/A</u> Feet Below Land	Surface
Test Pumping Rate: Gallons Per Duration of Pump Test (minimum 4 hours):	
I HEREBY CERTIFY that the above statements are true JACK Ridgdell 0-472 Print Name of Pump Installer and License No. (if applic	Jack Caldeer
	JUN 0 7 2006
	BY: OLWR

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