State W	ell Renort						
	Tucks on Part 1						
Mississippi Departmen	t of Environmental Quality	Aquifer:					
	nd Water Resources Box 10631	well #: D-286					
the state of the s	IS 39289-0631	L. S. Elevation:					
	961-5210 4-6938 (fax)	E-log #:					
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	Wel	Location					
Owner Name GALLERY OF Homes		" Longitude <u>(188-31-371</u> "					
Mailing Address: The OAKS Subdivision	Method of Lat/Long (circle of	ie): Conventional Survey,					
LOTIS	USGS quad Hand-held	GPS Survey-grade GPS					
MOSS POINT MS 37562 City State Zip Code		Twn 745 Rng R56					
Telephone No. (251) 680 - 7949	Distance Direction	Nearest Town of					
Well I	Data	/					
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:					
Date well drilling started: 10-4-07 Date well drilling completed: 10-4-07							
If flowing, method of flow regulation: Valve Other (describe)							
Static Water Level: 45 feet above or below circle one) land surface Date measured: 10-4-07							
Method of Measurement (circle one) steel tape electric tape air line other:							
Hole depth: <u>340FT</u> Well depth: <u>340FT</u> Well grouted to a depth of <u>10</u> feet							
Type of grout (circle one): Cement Bentonite Mix							
Casing length: 330 feet Casing diameter: inches Type of casing: $\underline{PVC}_{}$							
Screen length: 0 feet Screen diameter: 0 inches Type of screen: PUC							
Screen slot size: <u>CCC</u> inches Setting depth: From <u>330</u> feet to <u>340</u> 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 Density Sonic Neutron Other:							
Name of organization running log(s): N/A- 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.							
Tack. Ridadell C-1172		Robbue					
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor WED					
		OCT 2 2 2007					
		BY: OLWR					

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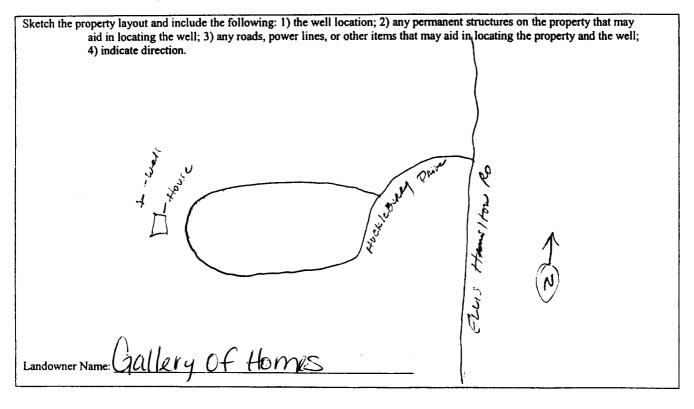
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If well telescopes please sketch below and show depths.

Ground

Level Description of Formations Encountered From	10
White Crarsle, Sand 10	17
White Crarsle, Sand 10	$\overline{\Omega}$
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Eray Medium Sond 34	200
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If more than one screen, show location of each on sketch



w ach Signature of Water Well Contractor

RECEIVED OCT 2 2 2007 BY: OLWR

		STATE W	ELL REPORT		
Date completed:	Water Wel 10-4-07	Pump Installer Mississippi Departm Office of Lanc P.O Jackson, (60 (601)3	Part 2 r's Completion Report ent of Environmental Quality d and Water Resources . Box 10631 MS 39289-0631 1)961-5210 354-6938 (fax)	For Office Use Only: Aquifer: Well #:	
This report sl installation of	f pump.		tail and filed with the Departm		
Owner Name	Well Owner Info	tomis	Well Location Latitude: <u>30° 40' 308</u> Longitude: <u>088° 31' 3 7</u> 1		
Mailing Address:	The OAKS	Subdivision	Method of Lat/Long (circle onc): Conventional Survey,		
MUSS Rint, MS 37562 City State Zip Code Telephone No. (251) 480-7949			USGS quad, Hand-held GP9, Survey-grade GPS <u>SW 4 NE 4 Sec 30 Twn T45 Rng R50</u> Distance Direction Nearest Town <u>2</u> Miles NW of Hupley		
	·····	· · · · · · · · · · · · · · · · · · ·			
Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine Gasoli	ne 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: 1 HP.		
Date Pump Installed: <u>10-8-07</u>			Setting Depth: (ACHET Droppipe feet		
Rated Pump Capaci	ity: <u>8</u>	Gallons Per Minute	Number of Stages:	~	
	Pump Test D:	ata	Method of Me	asuring Water Level	
Date Well Tested: _	10-8-07	7		ircle one	
Static Water Level ((A): 45 I	Feet Below Land Surface	Air Line Electric Mea	suring Line Steel Tape	
		eet Below Land Surface	Other (specify):		
		eet Below Land Surface	For flowing well, measured sh	ut in head: N/A feet	
Test Pumping Rate: Gallons Per Minute			Well yielded GPM with a drawdown of		
	est (minimum 4 hou			$\frac{D}{A}$ hours of pumping	
JOHNE	Ikins D.	tements are true to the best of 	of my knowledge.	RECEIVE	

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