State Well Report			
County: Jackson	Part 1	For Office Use Only:	
Mississippi Departi	ment of Environmental Quality and Water Resources	Aquifer:	
). Box 10631	Well #: <u>D-296</u>	
Jackson	Jackson, MS 39289-0631 L. S. Ele		
Dute utiling completed:	01)961-5210 0354-6938 (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		I Location	
Owner Name Mike Green	Latitude: <u>30 • 39 • 087</u>	" Longitude: <u>088-28 '637</u> "	
Mailing Address: 7804 HWY 614	Method of Lat/Long (circle o		
		I GPS Survey-grade GPS	
City State Zip Code	<u>Sw 1/2 SW 1/2 Sec 34</u>	Twn T4 S Rng R5W	
Telephone No. 238 282 - 2982	Distance Direction $$ Miles $ E_{AST}$	Nearest Town of <u>Hoeley</u>	
W	ell Data		
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: $3-4-08$ Date well drilling completed: $3-4-08$			
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe)			
Static Water Level: 5feet above or below (circle one) land surface Date measured: 3-4-08			
Method of Measurement (circle one) steel tape electric tape air line other: RECEIVED Hole depth: 45 FT Well depth: Well grouted to a depth of fem/AP as			
Method of Measurement (circle one) steel tape electric tape air line other: Here: Here:			
Casing length: 35 feet Casing diameter: 2 inches Type of casing: PVC			
Screen length: 10 feet Screen diameter: 3 inches Type of screen: PVC			
Screen slot size: <u>1006</u> inches Setting depth: From <u>35</u> feet to <u>45</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:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s): <u>N/A</u>			
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 0-1177			
Print Name of Water Well Contractor and License No.	Simuture of	Water Well Contractor	
This fame of which wen contractor and License NO.	Signature of	Water Well Contractor	

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D=296

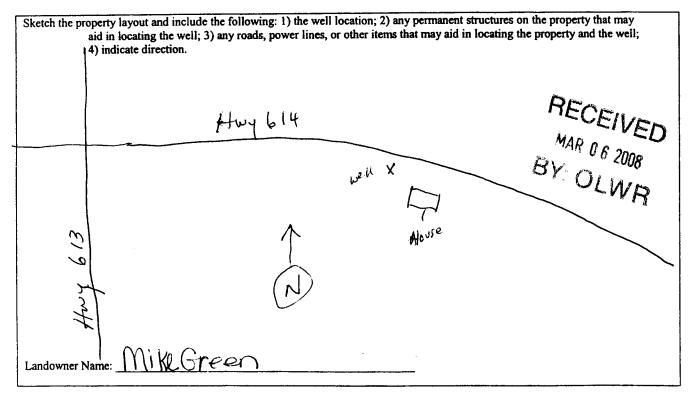
If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From To
	07
Orlinge Clay	218
Brown Charse Sand	18 45
Child Claige Sand	
(B) (A) (A) (A) (A) (A) (A)	

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



far H Signature of Water Well Contractor

STATE WELL REPORT			
County: DirickSon Pump Installer Permit #: Office of Land Driller Oest Water WellSev P.O. Jackson, Jackson, (60)	Part 2 For Office Use Only: r's Completion Report Aquifer: ent of Environmental Quality Aquifer: 1 and Water Resources Well #: . Box 10631 Well #: MS 39289-0631 Elevation: 1)961-5210 Elevation:		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the			
installation of pump. Well Owner Information	tion Well Location		
Owner Name: Mike Green	Latitude: <u>30°39′087"</u> Longitude: <u>088° 38' 16</u> 37"		
Mailing Address: 7804 Hwy Lo14	Method of Lat/Long (circle one): Conventional Survey,		
•	USGS quad, Hand-held GPS, Survey-grade GPS		
MCCS POINT MS 3F1562- City State Zip Code	<u>Sw 1/ Sw 1/ Sec 34 Twn T45 Rng R5w</u>		
	Distance Direction Nearest Town		
Telephone No. 238 382 - 2982	Miles <u>EAST</u> of <u>Hipley</u>		
Pump Type Circle one	Power Type 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: 3-:4-08	Setting Depth: <u>20FT Drop Fipe</u> feet CEIVED Number of Stages: 2 MAR 0 6 2000		
Rated Pump Capacity: Gallons Per Minute	Number of Stages: 2 MAR 0 6 2008		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: N/T Feet Below Land Surface	For flowing well, measured shut in head: N/A feet		
Test Pumping Rate: / O Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	N/Afeet after N/Ahours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. JACK Richard II C-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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