	State W	'ell Report	To Office Head of the			
County: Jackson		art 1	For Office Use Only:			
Permit #:		t of Environmental Quality	Aquifer:			
	Office of Land and Water Resources P.O. Box 10631		Well #: _ <b>E</b> -     9			
Driller Coast Water Walson	I JACKSOIL IV	IS 39289-0631	L. S. Elevation:			
Date drilling completed:	(601)	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 Informs	,		l Location			
Owner Name MOrris Sor		Latitude: 30 • 38 · 44 °	1. Longitude (100 - 40 - 141 "			
Mailing Address: U212 JUN	iper Dr.	Method of Lat/Long (circle of	ne): Conventional Survey,			
		USGS quad Hand-held	GPS, Survey-grade GPS			
Vancleave II	S 395 U.5 te Zip Code		Twn			
Telephone No. (228) 209-7	101	Distance Direction  Miles	Nearest Town of Varclessee			
	Well 1	Data				
Purpose of Well (circle on Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: $0-13-00$ Date well drilling completed: $0-14-00$						
If flowing, method of flow regulation: Va	lve MA Other (d	escribe)				
Static Water Level: 45 feet above or felow (circle one) land surface Date measured: 45 D						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: Well de	pth:	Well grouted to a depth of	10 feet			
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 104 feet Casing diameter: 4 inches Type of casing: OV BY: OLW						
Screen length:feet Scre	en diameter: 4	inches Type of screen:	PVU			
Screen slot size: , DOS inches Setting depth: From OV feet to 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: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):						
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 Ridgell 0-472 Jan Relylin						
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor			

Ground Leve	:l		

Description of Formations Encountered	rrom	10
TOO SOIL	0	
Bue charse sand	$\top T$	18
Blue Coarse sand	18	30
Blue Clay	210	105
Dide Clory	16	1110
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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 struct aid in locating the well; 3) any roads, power lines, or other items that may aid in location.	
Powd Kingth	FAR M RD
Landowner Name: MONNIS SOMIEN	RECEIVED  JUL 1 3 2006  BY: OLWR

Signature of Water Well Contractor

## STATE WELL REPORT

County: JUUSON  Permit #:  Driller: Oast Water Well STV.  Date completed: (0-14-0)	Part 2 Pump Installer's Completion Report 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:  Well #:		
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	' -		l Location		
Owner Name: MOMIS SC	onnier	Latitude: 30'38"449"Longitude: 088°46'141"			
Mailing Address: U2 2 JUN	Mailing Address: U2/2 Juniper Dr.		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad Hand-held GPS Survey-grade GPS			
Vancleave M	75 39565	SW 1/ NE 1/ Sec 3 Twn 755 Rng R8W			
City State	Zip Code	Distance Direction	Nearest Town		
Telephone No. (228) 209 - 71	01	91/2 Miles NW of Vavelonce			
Telephone No. (AS) SO					
Pump Type Circle one		Power Type Circle one			
_					
Air Lift Jet	Submersible		ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify):	<u> </u>	Horse Power Rating of Motor			
Date Pump Installed:	)(0	Setting Depth: 100 Ft.	DroppipeECEIVE		
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	111110		
			JUL 1 3 2006		
Pump Test Data		Method of Me	asuring Water By OLW		
Date Well Tested:		Air Line Electric Mea	suring Line Steel Tape		
Static Water Level (A): 45 Feet Below Land Surface		Other (specify):	•		
Pumping Water Level (B): N Feet Below Land Surface					
Drawdown [(B) – (A)]: NA Feet Below Land Surface		For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute		Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 16 hours feet after N/A hours of pumping			N/A hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge  John Elkins D-710P  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer					