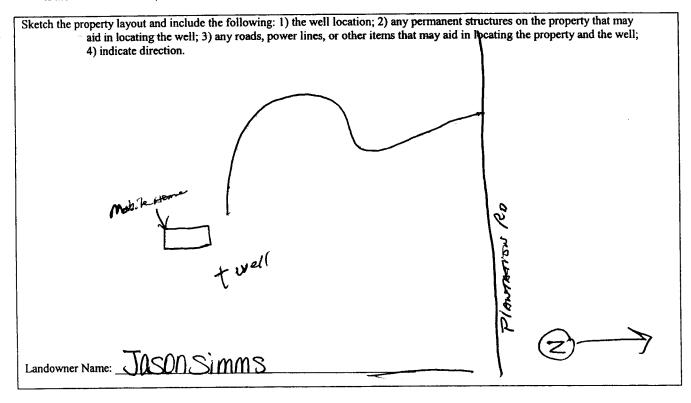
State Well Report				
County: TACKSON	Part 1	For Office Use Only:		
Mississippi Departm	ent of Environmental Quality	Aquifer:		
	and Water Resources Box 10631	Well #: <u>F-243</u>		
	MS 39289-0631	L. S. Elevation:		
Dute drining completeer L	1)961-5210			
(601)354-6938 (fax) E-log #:				
State Law requires 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		l Location		
Owner Name	12	" Longitude: 088. 44.126"		
Mailing Address: Plantation Rd	Method of Lat/Long (circle o			
	USGS quad, (Hand-held	I GPS, Survey-grade GPS		
Vancleave MS 39565 City State Zip Code	NW 1/ NW 1/4 Sec 31	<u>NW 1/2 NW 1/2 Sec 31 Twn 755 Rng R7W</u>		
Telephone No. (850) 642-4551	Distance Direction	Nearest Town of VANCLEAVE		
Well Data				
Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $6-17-05$ Date well drilling completed: $6-17-05$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 60 feet above on below (circle one) land surface Date measured: 6-17-05				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>360'</u> Well depth: <u>360'</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>350</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>				
Screen length: 10feet Screen diameter: 2inches Type of screen: PVC				
Screen slot size: 1006 inches Setting depth: From 350 feet to 360 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/H 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.				
Jack, Ridadell 0-472 Jud Rudplen				
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor		
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JUN 2 7 2005 BY: OLWR If well telescopes please sketch below and show depths

lease sketch below and show depuis.	<u>۲</u>	- 293	
	Description of Formations Encountered	From	То
	Top Soil.	\square	2
	Drang Clay	-2	18
	Brown Coarse Sand	-18	23
	Drange + White Clay	-103	20
	Brown Coarse Sand	- 90	12
	Blue Clay	<u> </u>	352
	Gray Modium Sand		Ed
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If more than one screen, show location of each on sketch



- Richgdell Tell Control

Signature of Water Well Contractor

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Ground Level

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STATE WELL REPORT			
County: Jackson Pump Installer? Permit #:	art 2For Office Use Only:Aquifer:Aquifer:Aquifer:Mell #:QF-243Elevation:		
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	Well Location		
Owner Name:	Latitude: <u>30°34'209"</u> Longitude: <u>088°44'126</u> "		
Mailing Address: Plantation RD	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Vancleave MS 39565	<u>NW 1/ NW 1/2 Sec 31 Twn 735 Rng R7W</u>		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (850 642 - 4551	4_ Miles New of Vancleave		
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): 3 HP	Horse Power Rating of Motor: <u>2 H. P.</u>		
Date Pump Installed: 6-28-05	Setting Depth: 100FT Drop pipe feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 6-28-05	Circle one		
Static Water Level (A): 60 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): NA Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: NA Feet Below Land Surface	For flowing well, measured shut in head:		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	N/A feet after N/A hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Den Ridgdell 0-713P</u> Print Name of Pump Installer and License No. (if applicable) <u>Ben RidgdW</u> Signature of Pump Installer RECEIVED			

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