	State W	All Report	
County: Jackson		Part 1	
		t of Environmental Quality	Aquifer:
Permit #:		and Water Resources Box 10631	Well #: F- 250
Driller COast Water Well Srv.	Jackson, MS 39289-0631		L. S. Elevation:
Date drilling completed: 7-28-05	(601)961-5210 (601)354-6938 (fax)		E-log #:
State Law requires that this rep		driller in detail and filed w	ith the Department with
30 days of completion of drilling of the well. Well Owner Information		Wel	Location
Owner Name_Victor Timerson		Latitude: <u>30 • 35 ,491</u>	" Longitude: 088.39,
Mailing Address: Hill Crest Estates		Method of Lat/Long (circle one): Conventional Survey,	
3809 Sparrow DR.		USGS quad, Hand-held GPS, Survey-grade GPS	
Vancleave MS 39565		<u>_5w 1 58 1 Sec 23</u>	
City State Zip Code Telephone No. <u>288 826-1390</u>		Distance Direction	of VANCLEAU
	Well	Lata	
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 7-27	-05 Date	well drilling completed:	-28-05
If flowing, method of flow regulation: Va	alve <u>NA</u> Other (d	lescribe)	
Static Water Level: _135feet a	above or below (circle one)	land surface Date measured:	7-28-05
	steel tape electric tape	air line other:	
Hole depth: 293 Well de	epth: <u>293</u>	Well grouted to a depth of	feet
Type of grout (circle one): Cement	Bentonite Mix		0.1.4
Casing length: <u>278</u> feet Cas	ing diameter:	inches Type of casing:	PVC
Screen length: <u>15</u> feet Scr	een diameter:	inches Type of screen:	PVC
Screen slot size: _ I OOQinches	Setting depth: From _	278 feet to 3	<u>93</u> feet
Type of completion (circle all applicable)	): Gravel packed Unde	rreamed Telescoped Open	hole Natural Developme
	Other (describe):		
Top of lap pipe or reduction in casing:	N/Afeet. If to	elescoped or more than one scr	een, describe on back of pa
Logs run (circle all applicable): No log r	Electric Gamma Ray	Density Sonic Neutron	Other:
	(IA	accordance with all applicable	requirements of the Missi
Name of organization running log(s):	ructed and completed in		requirements of the MISSI
I certify that the well was drilled, const	tructed, and completed in	••	•
Name of organization running log(s): I certify that the well was drilled, const Department of Environmental Quality	tructed, and completed in	••	•

and a strand from the state

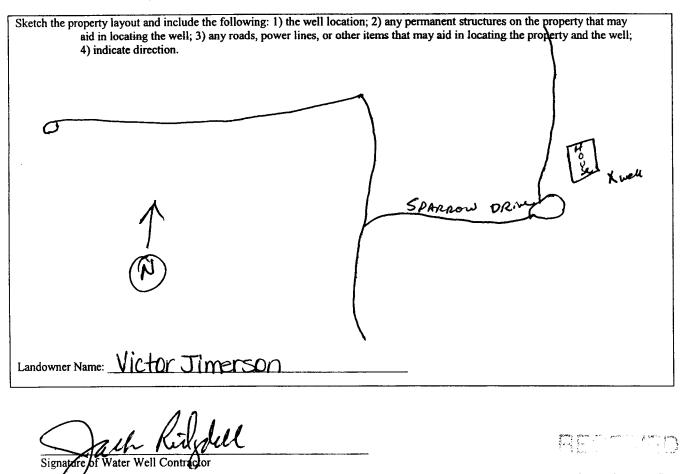
F-250

If well telescopes please sketch below and show depths.

Ground Level

 Description of Formations Encountered TOPSOIL Red Clay Brown Coarse Sand Blue Clay Gray Medium Sand Blue Clay Gray Coarse Sand	From To 0 3 18 18 74 74 189 21 21 21 27 27 27 27 27 27 27 27 27 27

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



STATE WELL REPORT				
County:       Jackson         Permit #:	Part 2       For Office Use Only:         's Completion Report       Aquifer:         nt of Environmental Quality       Aquifer:         Box 10631       Well #:         /961-5210       Elevation:         id-6938 (fax)       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 Well Location				
Well Owner Information         Owner Name: VICTOR JIMERSON         Mailing Address: 3809 Spurrow DR.         Mailing Address: 3809 Spurrow DR.         Vancleave MS 39565         City State Zip Code         Telephone No. (208 826 - 1390)	Latitude: $30^{\circ}35'490''$ Longitude: $088^{\circ}39'34'''$ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS $500''_{\circ}56''_{\circ}$ Sec 2.3 Twn T55 Rng $R7W$ Distance Direction Nearest Town 5 Miles NE of VAnebeque			
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): Date Pump Installed: 8-5-05	Horse Power Rating of Motor: 2 HP Goulds Setting Depth: 160FT, Droppipe feet			
Rated Pump Capacity: <u>5.5</u> Gallons Per Minute	Number of Stages:3			
Pump Test DataDate Well Tested: $8-5-05$ Static Water Level (A): $135$ Feet Below Land SurfacePumping Water Level (B): $N/A$ Feet Below Land SurfaceDrawdown [(B) - (A)]: $N/A$ Feet Below Land SurfaceTest Pumping Rate: $5.5$ Gallons Per MinuteDuration of Pump Test (minimum 4 hours): $4$ hours	Method of Measuring Water Level Circle one         Air Line       Electric Measuring Line       Steel Tape         Other (specify):			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.         Wid Woye O-714P         Print Name of Pump Instatler and License No. (if applicable)         Signature of Pump Installer				

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