County: Jackson Permit #: Mississippi Departmen Office of Land a P.O. E Jackson, M. Date drilling completed: 12-13-05 (601)	Well Location			
Owner Name Glenn Emerson	Latitude: $30 \cdot 36 \cdot 176$ " Longitude: $088 \cdot 40 \cdot 194$ "			
Mailing Address: HWY 614	Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS,) Survey-grade GPS			
moss Point Ms 39562	NW1/ NE1/ Sec ZZ TWN T55 Rng R7W			
City State Zip Code Telephone No. (228 990-5017	Distance Direction Nearest Town 			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 12-12-05 Date well drilling completed: 12-13-05 If flowing, method of flow regulation: Valve N/A Other (describe)				
Static Water Level: <u><u>80</u> feet above or below?circle one) land surface Date measured: <u>12-13-05</u></u>				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>210'</u> Well depth: <u>310'</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix Casing length: 195 feet Casing diameter: 2 inches Type of casing: PVC				
Casing length: Image: Casing mandeter: Output Screen length: 15 feet Screen diameter: Quarter inches Type of screen: PVC				
Screen slot size: inches Setting depth: From 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): NA 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 Ridgdell 0-472 Jan Ridgher				
Print Name of Water Well Contractor and License No.				

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JAN 1 1 2006 BY: OLWR

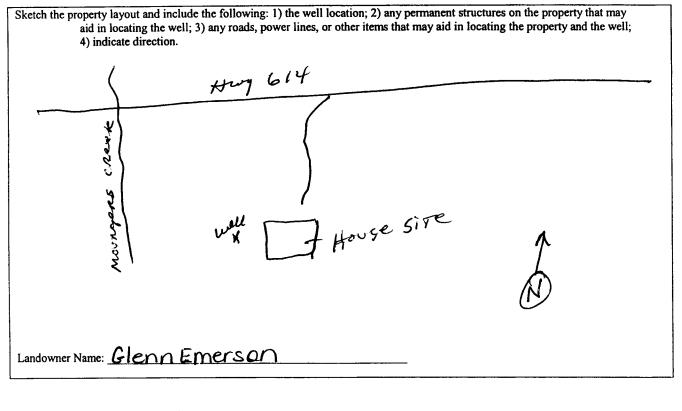
F-259

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered
From
To
Soil
Ordinge Clay
Hite Clay
Gray Coarse Sand
IS9
Cray Coarse Sand
IS9
Cray

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



Signature of Water Well Contractor

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STATE WELL REPORT				
County: JOCKSON Permit #: Driller: Coast Water Well SAV Date completed: 12-13-05	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 #: F- 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.				
Weil Owner Informat	ion	Well Location		
Owner Name: Glenn Emers		Latitude: 30°36' 176 Longitude: 088° 40' 1949"		
Mailing Address: Hwy Le14	ess: Hwy Let4		Method of Lat/Long (circle one): Conventional Survey,	
3		USGS quad, Hand-held GPS, Survey-grade GPS		
Vancleave, MS 39565 City State Zip Code		NW1/ NE1/ Sec 22 Twn 755 Rng R7W		
		Distance Direction Nearest Town		
Telephone No. <u>228)</u> 990-5017		5 Miles No Kott of VANcleAce		
Ритр Туре		Po	wer Type	
Circle one		Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):	Horse Power Rating of Motor:		- 244PSta-Rite	
Date Pump Installed: 12-28-05	5	Setting Depth: 100FT. Droppipe feet		
Rated Pump Capacity:9.5	_Gallons Per Minute	Number of Stages:	3	
D D [Method of Me	easuring Water Level	
Pump Test Data		Circle one		
Date Well Tested: 12-28-05 Air Line Electric Measuring Line Steel Tape				
Pumping Water Level (B):Feet Below Land Surface				
	t Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet		
Test Pumping Rate: 9.5	_Gallons Per Minute	Well yielded <u>9.5</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	: <u>5</u> hours		NA-hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge <u>Jack Ridgdell 0-472</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVE				

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JAN 1 1 2006 BY: OLWR