State W	ell Report			
County: JACKSON P	art 1 For Office Use Only:			
Mississippi Departmen	t of Environmental Quality Aquifer:			
	ind Water Resources Well #: F-289			
I Driller'S I MAINI WATH AVETATE *	30X 10031			
	IS 39289-0631 L. S. Elevation:			
	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 Information	Well Location			
Owner Name Chris Fetters	Latitude: $30.37.00$ "Longitude $13.560$ "			
Mailing Address: Hwy 5'	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Vancleaue, MS 39565 City State Zip Code	NE 1/4 NW 1/4 Sec 18 Twn 75 5 Rng R7 W			
	Distance Direction Nearest Town 6/2 Miles NNW of Amelessue			
Telephone No. 2018, 383 - 0567				
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: <u>7-10-06</u> Date well drilling completed: <u>7-11-06</u>				
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 135feet above or below (circle one) land surface Date measured: 7-11-06				
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: <u>348'</u> Well depth: <u>348'</u>	Well grouted to a depth off Ofeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 333_feet Casing diameter:	inches Type of casing:			
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>				
Screen slot size: 1004 inches Setting depth: From 333 feet to 348 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: <u>NA</u> 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	Jack Ridghur			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contra			

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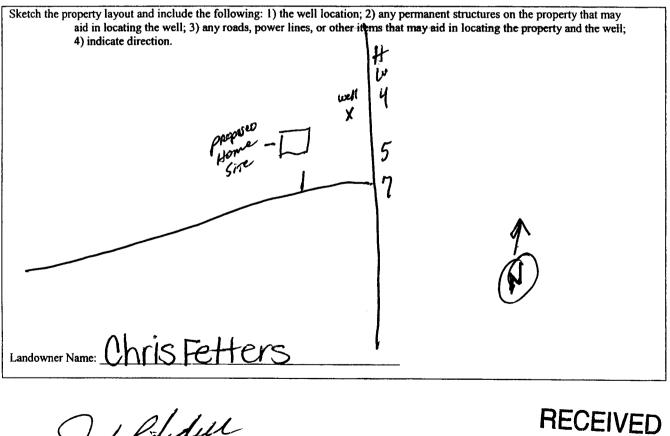
## F-289

If well telescopes please sketch below and show depths.

Ground Level

Level	ſ	Description of Formations Encountered	From	To
		Orange Clay Brown Coarse Sand Blue Clay Graylow medium to Med Sand	330	5 330 348

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



Jack Ringdell Signature of Water Well Contractor

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STATE WELL REPORT						
County: JACKSCA Permit #: Driller: CLAST WATER Well SR Date completed: 7-11-06	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only:    Aquifer:    Well #: <b>F-289</b> Elevation:			
This report should be prepared by the	ne pump installer in det	ail and filed with the Departme	ent within 30 days of the			
installation of pump. Well Owner Information Owner Name: Chris Fetters Mailing Address: Hwy 57 Vancleave M City State Telephone No. (228) 383 - 057	S S 39565 Zip Code	Well Location Latitude: <u>30°37′006″</u> Longitude: <u>088°43′560″</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS) Survey-grade GPS <u>NE 4 NW 4 Sec 18</u> Twn <u>T58</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>6'/2</u> Miles <u>NNW</u> of <u>Vanc</u> [CAVC.]				
	<u> </u>					
Pump Type Circle one			wer Type ircle one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary Other (specify): Date Pump Installed: Rated Pump Capacity:5	Flowing Well	WindmillOther (Horse Power Rating of Motor:Setting Depth:160FT.Number of Stages:	roppipe_feet			
D						
Pump Test DataDate Well Tested: $9-1-04$ Static Water Level (A): $135$ Feet IPumping Water Level (B): $N/A$ Feet IDrawdown [(B) - (A)]:M/AFeet ITest Pumping Rate:5Duration of Pump Test (minimum 4 hours):	Below Land Surface Below Land Surface Gallons Per Minute	Ci Air Line Electric Meas Other (specify): For flowing well, measured shu Well yielded	ut in head: $N/A$ feet			
I HEREBY CERTIFY that the above statem JACK RIAGEIL 0-4 Print Name of Pump Installer and License No	12	f my knowledge. Jack Kir Signature of Pump Ins	ABECEIVED			

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BY: OLWR