	State Well Report	······				
County: JACKSON	Part 1	For Office Use Only:				
Mississip	pi Department of Environmental Quality	Aquifer:				
	fice of Land and Water Resources P.O. Box 10631	Well #: F- 324				
Driller Dast Water Well SRV.	Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed: <u>2-8-07</u>	(601)961-5210 (601)354-6938 (fax)	E-log #:				
State Law requires that this report be prep 30 days of completion of drilling of the we	pared by the driller in detail and filed v I	vith the Department within				
Well Owner Information	We	ll Location				
Owner Name LUC NAUTS	Latitude: <u>30 • 35 • 480</u>	" Longitude <u>088°, 37', 327</u> "				
Mailing Address: Sparrow Dr.	Method of Lat/Long (circle o	ne): Conventional Survey,				
HillCrest Estates LC	USGS quad, (Hand-held	I GPS, Survey-grade GPS				
City State Zi	565 JF 1/2 545 1/2 Sec 23	Twn <u>755</u> Rng <u>R7</u> W				
Telephone No. (228) 238-7507	Distance Direction	Nearest Town of WADE				
	Well Data					
Purpose of Well (circle one) Home Industrial Pu	ublic Supply Irrigation Fish Culture	Other:				
Date well drilling started: $2 - 8 - 0.7$						
If flowing, method of flow regulation: Valve NIP		,				
Static Water Level: 130_feet above or below						
Method of Measurement (circle one) steel tape	electric tape air line other:					
Hole depth: $290'$ Well depth: $2'$	TU' Well grouted to a depth of	<u>10feet</u>				
Type of grout (circle one): Cement Bentonite	Mix					
Casing length: 28 feet Casing diameter:	inches Type of casing:	pvc				
Screen length: <u>15</u> feet Screen diameter:	inches Type of screen:	DVC				
Screen slot size:	lepth: From <u>28</u> feet to <u>-</u>	90 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
Other (des	scribe):					
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	een, 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): NIA						
I certify that the well was drilled, constructed, and c Department of Environmental Quality and/or the M						
	www.ppi Department of Realth regulation:	(the second sec				
Jack Ridgdell D-472	au	- Kilgeberg EIVEL				
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor R 0 5 2007				
		BY: OLWA				

F-324

If well telescopes please sketch below and show depths.

Ground Level

₹.,

Description of Formations Encountered TOP SOIL Drange Clay Brown Coarse sand Blue Clay w/ Streaks of San Gray Coarse Sand	From 0 15 72 72 0 72 0 15 15 15 15 15 15 15 15 15 15	To 2 15 72 870 276
L	L	LJ

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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Signature of Water Well Contractor

MAR 0 5 2007 BY: OLWR

(001)3-0336 (ak) 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 Owner Name. Well Nearch 100 (ab) Ci (ab) Ci (ab) Well Nearch 100 (ab) Ci (ab) Mailing Address: Owner Name. Well Nearch 100 (ab) Ci (ab) Ci (ab) Note Cickle one Nump Type Circle one Telephone No. (288) C338 - 7507 Submersible Backet Pump Type Circle one Air Lift		STATE W	ELL REPORT			
Driker (2054 WAter Well/SRV- Date completed: 2-8-07 P.O. Box 10631 Jackson, MS 39289-031 (601)364-038 (fax) well #: <u>F-329</u> Evation:	Permit #:	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		Aquifer.		
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 Owner Super Information Owner Tope Information Owner Tope Information Owner Tope Inform				Well #: <u><u><u><u></u></u><u><u><u></u><u><u></u></u><u><u><u></u></u><u><u></u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u>		
Well Covner Information Mailing Address: Sparrow (LDC) i UC. Hill Creat Est Attes LOT8 USGS quad, Eand-held GPS Vance Cave (MS 375/65 City State Zip Code Pamp Type Circle one Circle one Nump Type Circle one Circle one Air Lift Gallons Per Minute Diver Type Circle one Circle one Methool of Meassuring Water Level Circle one				ent within 30 days of the		
Mailing Address: SPATCO (L) D'L UC	Well Owner Informa	tion				
USGS quad, fand-held GP Survey-grade GPS USGS quad, fand-held GP Survey-grade GPS VANCLEAVE MS 39565 City Site Zip Code Telephone No. $\partial \partial B$ $\partial 38 = 7507$ SE 4 SM 4 Sec $\Delta 3$ Twn T.5S Rng $B.7W$ Distance Direction Nearest Town Telephone No. $\partial \partial B$ $\partial 38 = 7507$ SE 4 SM 4 Sec $\Delta 3$ Twn T.5S Rng $B.7W$ Distance Direction Nearest Town Pump Type Circle one Offer Wather Engine Natural Gas Direction Nearest Town Direction Nearest Town Pump Type Circle one Direction Matural Gas Directify): — Power Type Circle one Circle one Nate Pump Installed: 3-Al-O T Static Water Level (A): Gallons Per Minute Metbod of Measuring Water Level Circle one <th colsp<="" td=""><td>Owner Name: LUC Nauts</td><td></td><td colspan="3">Latitude: 30 35' 484" Longitude: 088° 39' 329</td></th>	<td>Owner Name: LUC Nauts</td> <td></td> <td colspan="3">Latitude: 30 35' 484" Longitude: 088° 39' 329</td>	Owner Name: LUC Nauts		Latitude: 30 35' 484" Longitude: 088° 39' 329		
USGS quad, fand-held GP Survey-grade GPS USGS quad, fand-held GP Survey-grade GPS VANCLEAVE MS 39565 City Site Zip Code Telephone No. $\partial \partial B$ $\partial 38 = 7507$ SE 4 SM 4 Sec $\Delta 3$ Twn T.5S Rng $B.7W$ Distance Direction Nearest Town Telephone No. $\partial \partial B$ $\partial 38 = 7507$ SE 4 SM 4 Sec $\Delta 3$ Twn T.5S Rng $B.7W$ Distance Direction Nearest Town Pump Type Circle one Offer Wather Engine Natural Gas Direction Nearest Town Direction Nearest Town Pump Type Circle one Direction Matural Gas Directify): — Power Type Circle one Circle one Nate Pump Installed: 3-Al-O T Static Water Level (A): Gallons Per Minute Metbod of Measuring Water Level Circle one <th colsp<="" td=""><td>Mailing Address: Sparrow Dr</td><td>ive</td><td colspan="3">Method of Lat/Long (circle one): Conventional Survey,</td></th>	<td>Mailing Address: Sparrow Dr</td> <td>ive</td> <td colspan="3">Method of Lat/Long (circle one): Conventional Survey,</td>	Mailing Address: Sparrow Dr	ive	Method of Lat/Long (circle one): Conventional Survey,		
City State Zip Code Telephone No. 208. 238 – 750.7 Distance Direction Nearest Town			USGS quad, Hand-held GPS) Survey-grade GPS			
City State Zip Code Telephone No. 208. 238 – 750.7 Distance Direction Nearest Town	Vancleave M	1539565	SE 1/ SW 1/4 Sec 2	3 TWN T5S Rng R7W		
Telephone No. DBB. D38 – 7507 5 Miles NNE of WADE Pump Type Circle one Circle one Air Lift Cell Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	City State	Zip Code	•	-		
Circle one Circle one Air Lift (e) Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No. <u>238</u> <u>238 - 7507</u>					
Air Lift Tet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Pump Type		Po	wer Type		
Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Circle one		C	ircle one		
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasolir	ne Engine Natural Gas		
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Date Pump Installed: 3-81-07 Rated Pump Capacity:	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Rated Pump Capacity:	Other (specify):		Horse Power Rating of Motor	2HP		
Rated Pump Capacity:	Date Pump Installed: 3-21-07		Setting Depth: 140FT Drop pipefeet			
Date Well Tested: 3-21-07 Static Water Level (A): 130 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge M/A Test Pumping Installer and License No. (if applicable) Signature of Pump Installer APR 1320	Rated Pump Capacity:	Gallons Per Minute				
Date Well Tested: 3-01-01 Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge MARE EIVE TACK Ridged 10-472 Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	Pump Test Data					
Static Water Level (A):	Date Well Tested: <u>3-21-07</u>					
Pumping Water Level (B): N/A_Feet Below Land Surface Drawdown [(B) - (A)]: N/A_Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge MA_FECEIVE JACK Ridgell 0-472 Signature of Pump Installer and License No. (if applicable)	Static Water Level (A):Feet Below Land Surface					
Test Pumping Rate:	Pumping Water Level (B): <u>N/A</u> Feet	Below Land Surface	Other (specify):			
Duration of Pump Test (minimum 4 hours):hoursN/Afeet afterN/Ahours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge JACK RIADEL 0-472 Print Name of Pump Installer and License No. (if applicable)Signature of Pump InstallerAPR 1320			1			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge JACK RIDGOLL 0-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer APR 1320	Test Pumping Rate: Gallons Per Minute					
	Duration of Pump Test (minimum 4 hours):	<u> </u>	N/Afeet after	N/A hours of pumping		
	JACK Ridgdell 0-	472	f my knowledge	Staller APR 13 200		
		······································		BY: OLW		

•

s 🖌 🖌