•		30° 35	.614 088° 39.4
County: JOCKSDN Permit #: DrillerCaast Water Wellsnu Date drilling completed: <u>2-110-07</u>	Pa Mississippi Department Office of Land an P.O. Be Jackson, MS (601)9 (601)354	ell Report of Environmental Quality of Environmental Quality of Water Resources ox 10631 5 39289-0631 61-5210 -6938 (fax)	Well #: <u>F- 327</u> L. S. Elevation: E-log #:
State Law requires that this rep 30 days of completion of drilling Well Owner Inform Owner Name TOM GONZO	g of the well. ation		with the Department within ell Location Longitude: 088-39 0000
Mailing Address: 17313 POPC Nancleave, M City Telephone No. 28 297 - 41	<u>75 39565</u> Ite Zip Code		Id GPS Survey-grade GPS <u>3 Twn755 Rng<i>R</i>7ω</u>
Purpose of Well (circle one) Home Inc Date well drilling started:2~15	Well D dustrial Public Supply	ata Irrigation Fish Culture	Other:
000	•	nd surface Date measured	2-16-07
Type of grout (circle one): Cement Casing length: <u>200</u> feet Casi Screen length: <u>10</u> feet Scree	pth: Mix ng diameter: ten diameter: Setting depth: From	Well grouted to a depth of	PVC pVC pVC feet
Type of completion (circle all applicable): Top of lap pipe or reduction in casing:	Other (describe):		n hole Natural Development
Logs run (circle all applicable) No log run Name of organization running log(s): I certify that the well was drilled, constr Department of Environmental Quality a	ucted, and completed in ac	cordance with all applicabl	e requirements of the Mississippi
TACK Ridgclell Print Name of Water Well Contractor and	0.472	_ Jack	A Water Well Contracto

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BY: OLWR

F-327

If well telescopes please sketch below and show depths.

Ground Level

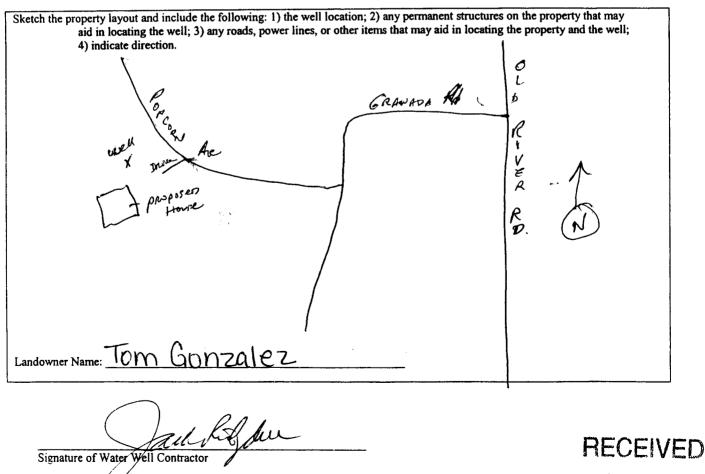
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 Description of Formations Encountered	From	To A
BIOWNCOURSE Sand BINE CANWISTERS OFSA	a0 50	50
Bray medium 'sand	253	a70
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	1	

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



MAR 1 2 2007 BY: OLWR

			ELL REPORT Part 2	r		
County: Jackson		Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources			Office Use Only:	
Permit #:	M15				Aquifer:	
Driller Dast Water W	ellsrv.		Box 10631 MS 39289-0631	Weil #:	F- 327	
Date completed: $\frac{\partial^2}{\partial \theta} = 0$	1	N	1)961-5210 54-6938 (fax)	Elevation:	Elevation:	
This report should be pr installation of pump.		np installer in det	ail and filed with the D		days of the	
	ner Information					
Owner Name: TOM GONZALEZ			Latitude: 30° 35 614 Longitude: 088° 39' 3914			
Mailing Address: 17313	ropcorn f	tve.	Method of Lat/Long	(circle onc): Convent	ional Survey,	
			USGS qu	ad, Hand-held GPS,	Survey-grade GPS	
Vancleane MS 39545 City State Zip Code		9545	NG 1/2 SW 1/4	Sec <u>19</u> Twn <u>T</u>	55 Rng R7W	
		Zip Code	Distance Direction Nearest Town			
Telephone No. (228) 297-4146			.5 Miles NE of Vandeave			
	тр Туре			Power Type		
c	ircle one			Circle one		
Air Lift Jet	Subn	nersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Pisto	n Turbi	ne	Electric Motor	Hand	Tractor PTO	
Centrifugal Rota	ry Flow	ing Well	Windmill	Other (specify):		
Other (specify):			Horse Power Rating of	of Motor: 2H)	
Date Pump Installed:	1-01	· · · · · · · · · · · · · · · · · · ·	Setting Depth: 120	Ft. drup pi	<u>)</u> <u>C</u> feet	
Rated Pump Capacity:	6.5Gallon	s Per Minute	Number of Stages:	3		
Pumj	Test Data		Metho	d of Measuring Wate Circle one	er Level	
Date Well Tested:	7-07					
Static Water Level (A): 100	Feet Below	Land Surface		tric Measuring Line	Steel Tape	
Pumping Water Level (B): N	Feet Below	Land Surface	Other (specify):			
Drawdown [(B) - (A)]:	•		For flowing well, mea	sured shut in head:	NIA feet	
est Pumping Rate:	•		Well yielded	_	•	
Duration of Pump Test (minim			1	t after N/A		
	1111 4 Hours). <u>7</u>	nours		t after <u>IV (I C</u>	_hours of pumping	
HEREBY CERTIFY that the		e true to the best o	of my knowledge.	<u></u>		
Jack Ridgd		12		at Lityde	L.	
rint Name of Pump Installer a	nu License No. (if a	pplicable)	Signature of	Pump Installer	HELEIV	