State W	ell Report		
(County C MAC Page 7)	art 1	For Office Use Only:	
Mississippi Departmen	t of Environmental Quality	Aquifer:	
$\int -2\pi i \int dx dx dx dx dx dx$	nd Water Resources Box 10631	Well #: F- 348	
Jackson, N	IS 39289-0631	L. S. Elevation:	
· · · · · · · · · · · · · · · · · · ·	961-5210		
(001)33	4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within	
Well Owner Information		Location	
Owner Name Konald Robertson	Latitude: 30 · 33 · 426	" Longitude: <u>188° 39 '531</u> "	
Mailing Address: Holden Rd.	Method of Lat/Long (circle on		
	USGS quad, (Hand-held	GPS Survey-grade GPS	
Vancleave Ms 39545 City State Zip Code	5W 1/2 5W 1/4 Sec 35	Twn 755 Rng R7W	
Telephone No. <u>218)</u> <u>265-3697</u>	Distance Direction Miles	Nearest Town of Vancleave	
Well I	Data		
Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture	Other:	
	_		
Date well drilling started: (0-15-07) Date w		15-01	
If flowing, method of flow regulation: Valve NA Other (d	escribe)		
Static Water Level:feet above or below scircle one) l	and surface Date measured:	6-15-07	
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 185 FT Well depth: 185 FT	Well grouted to a depth of	10 feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 175 feet Casing diameter: 3 inches Type of casing: PUC			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC			
Screen slot size: 1004 inches Setting depth: From 175 feet to 185 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): Corrective that the well was drilled constructed and completed in a construction of the life of th			
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.			
— O 1			
Jack Kidgdell 0-472 Jan Rither			
Print Name of Water Well Contractor and License No.	Signature of V	Vater Well Contract RECEIVED	

If well telescopes please sketch below and show depths.

Ground Level		
	·	

Description of Formations Encountered	From	То
TOUSOIL	0	2
orange Clay	12	18
Brown Coarse Sand	118	34
	100	165
Gray Medium Sand	165	1735
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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 t are in locating the wen, 3) any rocas, power lines, or other items that may are in locating the 4) indicate direction.	he property that may property and the well;
House Xwell	OLD R.
Holder Ro	VCR
	R
Landowner Name: Royald Robertson	

Signature of Water Well Contractor

RECEIVED

JUL 16 2007

BY: OLWR

STATE WELL REPORT

County: Jackson Permit #:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
well #: F-348		
Elevation:		

Driller Coast Water Wellsky.	P.O. Box 10631 Jackson, MS 39289-0631		Well #:	- 348		
Date completed: (0-(5-C)	(601)961-5210 (601)354-6938 (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.				ays of the		
Well Owner Informat	ion		Well	Location		
Owner Name: BONULD RObert	son	Latitude 30° 33′ 936″ Longitude: 088° 39′ 531″		39'521"		
Mailing Address: Holden Rd	ailing Address: Holden Rd.		Method of Lat/Long (circle one): Conventional Survey,			
		1			vey-grade GPS	
Vancleave MS 39565 City State Zip Code		50 1/2 Sw 1/4 Sec 35 Twn 755 Rng R7W				
• •	•	Distance Di	rection	Nearest To	wn	
Telephone No. <u>236</u> <u>265-369</u>	17	3_Miles N	Eof_	Vande	sve-	
Pump Type Circle one				er Type ele one		
Air Lift	Submersible	Diesel Engine	Gasoline	Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill	Other (st	ecify):		
Other (specify):		Horse Power Rating	of Motor: _	2 HP		
Date Pump Installed: (0-18-07)		Setting Depth: 100 FT. Drop Pipe feet			_feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:				
Pump Test Data		Metho		uring Water i le one	Level	
Date Well Tested: <u>(p-18-07</u>		Air Line Elec	tric Measu	ring Line	Steel Tape	
Static Water Level (A):Feet F	Below Land Surface			ing Line	Sicci Tape	
Pumping Water Level (B):Feet B	elow Land Surface	Other (specify):			,	
Drawdown [(B) – (A)]:Feet E	Below Land Surface	For flowing well, mea	asured shut	in head:	MA feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded	10	GPM with a d	rawdown of	
Duration of Pump Test (minimum 4 hours):	hours	N/A fee	et after	M/A ho	ours of pumping	
LUEDEDY CEDERAL ALL A						

I HEREBY CERTIFY that the above statements are true to the best of n	ny knowledga	
John Elkins 0-716P	John Shus	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	DECEMEN
	7	HEVENEL