State W	ell Report	For Office Use Only:			
	art 1	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality	Aquifer:			
	nd Water Resources	Well #: <u>F-395</u>			
	P.O. Box 10631				
Jackson, M	IS 39289-0631	L. S. Elevation:			
Dure drining compression	961-5210	E-log #:			
(001) 35	4-6938 (fax)	L-10g #			
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	Wel	Location			
Owner Name Ferrell Williams		2' Longitude <u>8 ° 38 ' 774</u> ''			
Mailing Address 2305 River Bluff Dr.	34 Method of Lat/Long (circle or				
	USGS quad Hand-held	GPS Survey-grade GPS			
Vancleave, Ms 39565 City State Zip Code	EW 1/2 SW 1/2 Sec_24	Twn 755 Rng R7W			
Telephone No. 22 - 224 - 2719	Distance Direction	Nearest Town of Ancleave			
Weil I	Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: $7-25-08$ Date well drilling completed: $7-25-08$ If flowing, method of flow regulation: Valve NA Other (describe)					
		_			
Static Water Level:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth:					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 205 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length:					
Screen slot size: <u>OCO</u> inches Setting depth: From	<u>205</u> feet to <u>2</u>	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): N/A 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	Lifedure			
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor			
	-	HEUEIVEL			
		AUG 2 2 2008			

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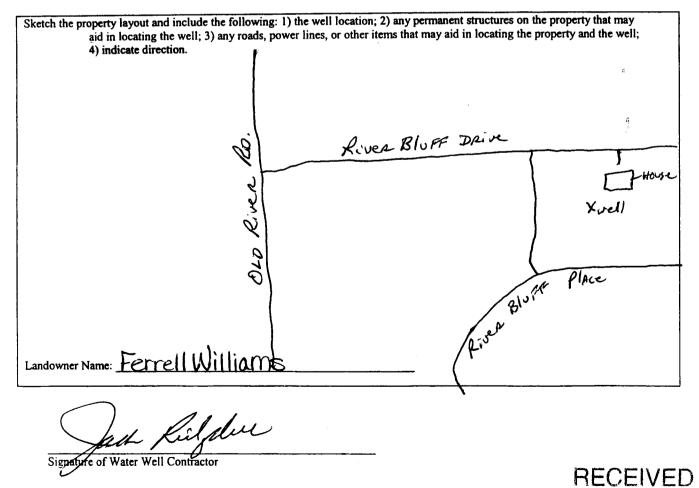
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

 Description of Formations Encountered TOPSCII Orange Clay Orange Clay Orange Coarse Blue Clay Fray Medium to Coarse Sand	From 2 37 85 192	To 037 037 037 037 037 037 037 037 037 037

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



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F- 395

	STATE WI	ELL REPORT	
County: <u>Jackson</u> Permit #: Driller: <u>Coast Water Wells</u> Date completed: <u>7-35-08</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer: Well #:
This report should be prepared by the) he pump installer in deta	il and filed with the Departme	ent within 30 days of the
installation of pump. Well Owner Informa			Il Location
Owner Name: Ferrell Willic	liva		"Longitude: 088 38 744"
Mailing Address: 2305 River		Method of Lat/Long (circle or	
		USGS quad, danc	1-held GPS, Survey-grade GPS
Vancleave, City State	City State Zip Code		Nearest Town
Telephone No. 208 204 - 2	<u></u>	Distance Direction <u>Joseph</u> <u>5</u> Miles <u>Fast</u> 0	st VANCLEOVE
Pump Type Circle one			wer Type Fircle one
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Other (specify):		Horse Power Rating of Motor	2HP
Date Pump Installed: 7-29-0	5	Setting Depth: 140FT.	Droppiplicet
Rated Pump Capacity:6		Number of Stages:	
Pump Test Data Date Well Tested: 7-29-08	,		asuring Water Level
		Air Line Electric Mea	asuring Line Steel Tape
	Below Land Surface	Other (specify):	
Pumping Water Level (B): NA Feet Drawdown [(B) – (A)]: NA Feet		For flowing well, measured sh	hut in head: N/A feet
Test Pumping Rate:	Gallons Per Minute		GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):		N/A feet after	— ,,
I HEREBY CERTIFY that the above staten John EIKINS 0 Print Name of Pump Installer and License N	71168	f my knowledge. Howfor Signature of Pump In	nstaller RECEIVE AUG 2 2 2008

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BY: OLWR