State V	Vell Report
Tackson	Part 1 For Office Use Only:
Mississippi Departme	nt of Environmental Quality Aquifer: <u>F 477</u>
	and Water Resources Box 10631 Well #:
Driller Will Will Will Jackson J	MS 39289-0631 L. S. Elevation:
	) 961-5210 54-6938 (fax) E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name Connie West	Latitude: 30 34 , 667, Longitude: 088 38, 215"
Mailing Address: 16335 River Road LOOP	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS) Survey-grade GPS
Vancleave MS 395765 City State Zip Code	<u>SE 1/NW 1/2 Sec 40 Twn758 Rng R7 W</u>
Telephone No <u>208)</u> 497 - 3797	Distance Direction Nearest Town <u>4/2</u> Miles <u>NE</u> of <u>Uncleave</u>
Weil	Data
	Irrigation Fish Culture Other:
Date well drilling started: 12-16-09 Date	well drilling completed: $12 - 16 - 09$
If flowing, method of flow regulation: Valve $N/A$ Other (	describe)
Static Water Level: 85 feet above or below (circle one)	land surface Date measured: 12-16-09
Method of Measurement (circle one) steel tape electric tape	e Girline other:
Hole depth: 195 FT Well depth: 195 FT	_ Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 185 feet Casing diameter: 2	inches Type of casing: $\underline{\rho VC}$
Screen length: <u>10</u> feet Screen diameter: <u></u>	inches Type of screen:PVC
Screen slot size: + OOC inches Setting depth: From	185 feet to 195 feet
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: $N/A$ feet. If the	elescoped or more than one screen, describe on back of page
Logs run (circle all applicabe): No log run Electric Gamma Ray	y Density Sonic Neutron Other:
Name of organization running log(s): N/A	
I certify that the well was drilled, constructed, and completed in Department of Environmental Quality and/on the Mississippi D	
Department of Environmental Quality and/or the Mississippi De	epartment of regitations and state laws.
Jack Ridgdell 0-472	fut til delle
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor
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BY: OLMR

If weil telescopes please sketch below and show depths.

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Ground Level	Description of Formations Encountered	From	To
	TopSoil		1
	orange clay	100	15
	Blue Coarse Sand	120	74
	Blue clay Gray Medium Sand	148	14
	Gray ( lean 41) Sana		<i>₩</i>
	······································		<u>+</u>
			<u> </u>
	9		
	£		L.
	J		L.
	X ~~~		
If more than one screen, show location of each on sketch			
		hat may the well:	
Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, 4) indicate direction.		hat may the well;	
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Signature of Water Well Contractor

RECEIVED JAN 19 Zoud BY: OLWR

County: JUCKSON       Pramp Installer's Completion Report         Permit #       Pramp Installer's Completion Report         Prime (JUCKSUN)       Prime Installer's Completion Report         Well Prime       Prime Installer's Completion Report         Well Conservational Survey       Well Prime         Well Ower Information       Well State         Well Ower Information       <		STATE W	ELL REPORT		
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 Over Information         Well Over Information         Owner Normation         Well Over Information         Viscon Conventional Survey, grade OP         Distance       Direction         Neare Type         Circle one         Circle one         Distance       Direction         Note Correle one         Circle one         Dinformation       Nea	Permit #:	Pump Installer <sup>3</sup> Mississippi Departmer Office of Land P.O.	s Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631	Well #:	
Well Owner Information         Owner Name       OMMED       Well Owner Information         Owner Name       OMMED       Well S         Mailing Address:       12 355       River Road Loop         Vall Ceave L       Mailing Address:       12 355         Vancleave L       MS 395265       State         City       State       Zip Code         Pamp Type       Distance       Distance         Citrele one       Natural OF         Air Lift       Tetephone No. (203 4471 - 37197)       Hiles         Pamp Type       Circle one         Circle one       Natural OF         Air Lift       Tete       Submersible         Bucket       Piston       Turbine         Date Pump Installed:       Date 17/CA       Band         Rated Pump Capacity:       Gallons Per Minute       Method of Measuring Water Level         Circle one       Air Line       Electric Measuring Water Level       Circle one         Static Water Level (A):       S5       Feet Below Land Surface       Number of Stages:       Q         Pumping Water Level (A):       S5       Feet Below Land Surface       Method of Measuring Water Level       Circle one         Static Water Level (A):       S5			• •		
Weil Owser InformationOwner Name $Omile )$ Well S. +Mailing Address: $La SS River Road Loop$ Mailing Address: $La SS River Road Loop$ Vancleave MS 355265Method of LavLong (circle one): Conventional Survey, USGS quad, (frand-held GP) Survey-grade GPVancleave MS 375265Size 2:p CodeCircle ave MS 375265SE 4 S S 4 S C 40 Twn 155 Rng R7DistanceDirectionPump Type Circle oneOriel oneAir Lift(eff) SubmersibleBucketPistonPump Type Circle oneDistanceCentrifugalRotaryPlowing WellWindmillOther (specify):Bate Pump Installed:Date Pump Installed:Dat 11/09Rated Pump Cascity:Gallons Per MinutePump Test DataMethod of Measuring Water Level Circle oneCarting Rate:Gallons Per MinutePump Rate:Gallons Per MinutePumping Nater Level (A):S5Feet Below Land SurfaceFor flowing well, measured shut in head:Pumping Rate:Gallons Per MinuteDate Vump Test (minimum 4 hours):hoursMustion of Pump Test (minimum 4 hours):hoursHEREBY CERTIFY that the above statements are true to the best of my knowledge.JAN 1 isSurgative of Pump Installed:JAN 1 is		the pump installer in deta	ail and filed with the Departm	ent within 30 days of the	
Mailing Address: $14355$ $River Road Loop$ Mailing Address: $14355$ $River Road Loop$ Wancleave Ms 37565         State Zip Code         State Zip Code         Pump Type Citrcle one         Pump Type Citrcle one         Power Type Citrcle one         Power Type Citrcle one         Disect Direction Nearest Town 4/2 Miles $M = of$ $Mwk/eAm$ Power Type Citrcle one         Direction Nearest Town 4/2 Miles $M = of$ $Mwk/eAm$ Power Type Citrcle one         Direction Nearest Town 4/2 Miles $M = of$ $Mwk/eAm$ Direction Nearest Town 4/2 Miles $M = of$ $Mwk/eAm$ Power Type Citrcle one         Direction Nearest Town 4/2 Miles $M = of$ $Mwk/eAm$ Directif one <th co<="" td=""><td>Well Owner Inform</td><td>1</td><td colspan="2" rowspan="2">Well Location Latitude: <u>034'667"</u> Longitude: <u>088'38'38'</u></td></th>	<td>Well Owner Inform</td> <td>1</td> <td colspan="2" rowspan="2">Well Location Latitude: <u>034'667"</u> Longitude: <u>088'38'38'</u></td>	Well Owner Inform	1	Well Location Latitude: <u>034'667"</u> Longitude: <u>088'38'38'</u>	
USGS quad. (and-held GPS) Survey-grade GP         USGS quad. (and-held GPS) Survey-grade GP         VANCLEAVE, MS 375265         City State Zip Code         Telephone No. (SDS 4471 - 37971         Pump Type Citrcle one         Distance         Power Type Citrcle one         Air Lift         Distance         Pump Type Citrcle one         Citrcle one         Distance         Pump Test Dats         Method of Measuring Water Level Citrcle one         Date Well Tested: ID/ID/O9         Method of Measuring Water Level Citrcle one         Method of Measuring Water Le					
Vancleave Ms 39565         State Zip Code         State Zip Code         Distance Direction Nearest Town         Mark 2000         Pamp Type Circle one         Circle one         Air Lift Let Submersible         Bucket Piston Turbine         Centrifugal Rotary Flowing Well         Other (specify):         Date Pump Installed:         Jal 17/09         Rated Pump Capacity:         Gallons Per Minute         Method of Measuring Water Level (B):         N/A Feet Below Land Surface         Date Pumping Rate:         Gallons Per Minute         Method of Measuring Line Steel Tape         Date Well Tested:         Jal / 17/09         Air Line         Date Well Tested:         Date Well Tested:         Date Well Tested:         Date Well Tested:         Date Method of Measuring Line         Static Water Level (B):         Circle one         Circle one	Mailing Address: 14305 Rive	r Road Loop	Method of Lat/Long (circle or	ne): Conventional Survey,	
Distance       Direction       Nearest Town $H/2$ _Miles $ME$ of			USGS quad, Hand	d-held GPS, Survey-grade GPS	
Distance       Direction       Nearest Town         Telephone No. ( $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ Direction       Nearest Town         Fump Type       Orection       Nearest Town         Circle one         Air Lift       Telephone No. ( $\bigcirc$	Vancleave,	Vancleave, Ms 39565		SE 1/ SW 1/ Sec 40 Twn 155 Rng R70	
Pump Type Circle one       Power Type Circle one         Air Lift       Ief       Submersible         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Čity State	Zip Code	Distance Direction	Nearest Town	
Circle one       Circle one         Air Lift       (et)       Submersible         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Telephone No. (208 497 - 3797	l	4/2 Miles NE	of VAncleave	
Circle one       Circle one         Air Lift       (et)       Submersible         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Dump Type		Pa	wer Type	
Bucket Piston   Bucket Piston   Bucket Piston   Centrifugal Rotary   Rotary Flowing Well   Other (specify):	• • • •				
Centrifugal       Rotary       Flowing Well         Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Ga	
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTC	
Date Pump Installed:       12/17/09       Setting Depth:       100 FT. Dr Op pipe feet         Rated Pump Capacity:	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Rated Pump Capacity:       Gallons Per Minute       Number of Stages:       2         Pump Test Data       Method of Measuring Water Level       Circle one         Date Well Tested:       12/17/09       Method of Measuring Water Level         Static Water Level (A):       S5       Feet Below Land Surface         Pumping Water Level (B):       N/A       Feet Below Land Surface         Drawdown [(B)-(A)]:       N/A       Feet Below Land Surface         Drawdown [(B)-(A)]:       MA       Feet Below Land Surface         Duration of Pump Test (minimum 4 hours):       Mours       For flowing well, measured shut in head:       N/A       feet after         JACK       Ridgdell       D-4722       Signature of Pump Installer       Method of Measuring Line       Signature of Pump Installer	Other (specify):		Horse Power Rating of Motor	r. 1 HP	
Pump Test Data         Method of Measuring Water Level         Date Well Tested:       12/17/09         Static Water Level (A):       85       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:       6       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.       N/A       feet after         JACK       Ridgdell       0-473       Signature of Pump Installed         Print Name of Pump Installer and License No. (if applicable)       Signature of Pump Installed       Signature of Pump Installed	Date Pump Installed:		Setting Depth: 100 FT. Droppipe feet		
Date Well Tested: $ 2  1  09 $ Circle one         Static Water Level (A): $85$ 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:       6       Gallons Per Minute         Duration of Pump Test (minimum 4 hours): $H$ hours         I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $N A $ Jack Ridgdell $0-4732$ Print Name of Pump Installer and License No. (if applicable)       Signature of Pump Installer	Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	2	
Date Well Tested: $12 17 09$ Static Water Level (A):       85       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:       Gallons Per Minute       For flowing well, measured shut in head: $N/A$ Duration of Pump Test (minimum 4 hours): $H$ hours $N/A$ feet after $N/A$ I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $N/A$ feet after $N/A$ $N/A$ Print Name of Pump Installer and License No. (if applicable)       Signature of Pump Installer $N/A$ $N/A$ $N/A$	Pump Test Data	1			
Static Water Level (A): $85$ 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:       Gallons Per Minute       For flowing well, measured shut in head: $N/A$ Duration of Pump Test (minimum 4 hours): $H$ hours $N/A$ feet after $N/A$ I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       Jack Ridgdell $O-473$ Jak       Signature of Pump Installer         JAN       JAN       Jak       Jak       Jak       Jak	Date Well Tested: 12/17/04	7			
Pumping Water Level (B):       N/A       Feet Below Land Surface         Drawdown [(B) - (A)]:       N/A       Feet Below Land Surface         Test Pumping Rate:       Gallons Per Minute       For flowing well, measured shut in head:       N/A         Duration of Pump Test (minimum 4 hours):       Hours       M/A       feet after       N/A         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       Signature of Pump Installer       N/A       Minute         JAN       JAN       JAN       JAN       JAN       JAN	Static Water Level (A): 85 Fee	et Below Land Surface			
Drawdown [(B) – (A)]:		t Below Land Surface	Other (specify):		
Test Pumping Rate:	Drawdown $[(B) - (A)]: N / A$ Fee	et Below Land Surface	For flowing well, measured sl	hut in head: N/A fee	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours <u>N/A</u> feet after <u>N/4</u> hours of pumpi I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Jack Ridgdell 0-472</u> Print Name of Pump Installer and License No. (if applicable) <u>Signature of Pump Installer</u>					
Jack Ridgdell 0-472     arch Kidglett       Print Name of Pump Installer and License No. (if applicable)     Signature of Pump Installer       JAN 191	· · · · · · · · · · · · · · · · · · ·			,	
Jack Ridgdell 0-472     arch Kidglett       Print Name of Pump Installer and License No. (if applicable)     Signature of Pump Installer       JAN 191				······································	
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			of my knowledge.	Filder	
			Signature of Pump In	nstaller	
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