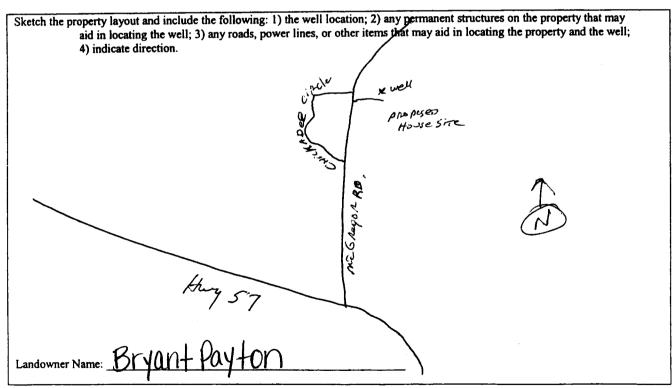
	State W	ell Report		
Tackens	Part 1		For Office Use Only:	
County: MCKSOO	Mississippi Department of Environmental Quality		Aquifer: + 435	
Permit #:	Office of Land and Water Resources		Well #:	
Driller: Coast Water Wellsev		30x 10631		
	Jackson, IV.	IS 39289-0631 961-5210	L. S. Elevation:	
Date drilling completed:		4-6938 (fax)	E-log #:	
	, .	·		
State Law requires that this rep 30 days of completion of drilling	of the well.			
Well Owner Informs	ation		Location	
Owner Name Bryanthay to	$\Omega_{-}$	Latitude: 30 · 34 · 12.14	), Longitude 08 . 41 . 1366	
Mailing Address: 15900 MCG	regor Rd.	Method of Lat/Long (circle or	ne): Conventional Survey,	
_			GPS Survey-grade GPS	
Vancleave, s	16 39565 te Zip Code	1 541	Twn 755 Rng R7W	
Telephone No 208 826-3101		Distance Direction 2/2 Miles No NATH	Nearest Town	
Telephone No. 28 826-366		2 12 Miles No 144	or V Anci-A	
Well Data				
Purpose of Well (circle one) Home Inc		Irrigation Fish Culture	Other:	
Date well drilling started: 2/3/// Date well drilling completed: 2/3///				
If flowing, method of flow regulation: ValveOther (describe)				
Static Water Level: 35 feet above or below circle one) land surface Date measured: 3 3 11				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 105 FT. Well de	pth: 105 FT.	Well grouted to a depth of	feet	
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 95 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 10 feet Screen diameter:inches Type of screen:				
Screen slot size: • 000 inches Setting depth: From 95 feet to 105 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: NA 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):  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.				
T : 0:1110				
Jack Kidgdell O-L	<del>1</del> 7a		Kildur	
Print Name of Water Well Contractor and	License No	Signature of	Water Wells Contractor was re-	

Ground Level	

Description of Formations Encountered	From	To
Topsoil	0	2
Mich mace () I fill to	$\mathcal{A}$	15
Prowr Coarse Cand Grange Clay	15	व्रत
Discuss (164	125	27
Grange Clay Brown Coarse Sand	12 ×	THE
brown coarse Sava	DU	100
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

RECEIVED

FEB 2 8 2011

BY: OLWR

## STATE WELL REPORT

## county: Jackson Permit #: Driller:

## Part 2

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

For Office Use Only:		
Aquifer: F 435		
Well #:		
Elevation:		

Date completed:		54-6938 (fax)	Elevation:	
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the				
inetallation of pump.		Well Location		
Owner Name: Bryant Payton		Latitude: 30°34′13.60″ Longitude: <u>C88°41′/3.66</u> ″		
Mailing Address: 15900 Mc Gregor Rd.		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Vancleave Ms 37565 City State Zip Code		Distance Direction Nearest Town		
Telephone No. 8886-3663		3/2 Miles North of Vancleave,		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):		Horse Power Rating of Motor	: <u>1 HP</u>	
Date Pump Installed: 2/28/12		Setting Depth: 40FT Drop Pipe feet		
Rated Pump Capacity: Gallons Per Minute		Number of Stages:	⊋	
Pump Test Data  Date Well Tested: 28/12			asuring Water Level Circle one	
Static Water Level (A): Feet Below Land Surface		Air Line Electric Mea	suring Line Steel Tape	
Pumping Water Level (B): A Feet Below Land Surface		Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute		1 ,	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		NA feet after	N/A hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best    Jack Ridgell 0-473-   Print Name of Pump Installer and License No. (if applicable)	of my knowledge.  Signature of Pump Installer	RECEIVE
		MAP 1 2 2012 Lewis Printing - Pascagodia, MS

BY: OLWR