	State V	Vell Report		
Country Tackson	Part 1		For Office Use Only:	
County: ULASUI /	Mississippi Department of Environmental Quality		Aquifer: + 446	
Permit #:		and Water Resources	Well #:	
Drille: Cast Water WEISKN		Box 10631 MS 39289-0631	L. S. Elevation:	
Date drilling completed: 63311) 961-5210		
<u></u>	(601) 3	54-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	e driller in detail and filed w	rith the Department within	
Well Owner Inform	ation W		ll Location	
Owner Name Balph MCBroi	011 Latitude: 30 • 35 • 2		6 Longitude 0 58 41 30.1	
Mailing Address: 17009 Spring	Lake Dr. EAst	Method of Lat/Long (circle or		
ĺ .	00 00-1-		GPS, Survey-grade GPS	
Vancleave Ms 39565 City State Zip Code		<u>SE 1/2 Swi/2 Sec 21 Twn T55 Rng R7W</u>		
Telephone No. 205 826-4	074	Distance Direction	Nearest Town of <u>Vincleare</u>	
	Weil	Data		
Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started:	/ Date	well drilling completed:		
If flowing, method of flow regulation: Va	lve Other ((describe)		
Static Water Level: feet al	bove or below (circle one)		- / (
Method of Measurement (circle one) s	teel tape electric tap	e (air line) other:	, 	
Hole depth: <u>78FT</u> Well de	pth: <u>78</u> FT	Well grouted to a depth of	<u>lC</u> feet	
Type of grout (circle one): Cement	Bentonite Mix	:		
Casing length:feet Casi	ng diameter: 4	inches Type of casing:	PVC	
Screen length:feet Scree	een diameter:	inches Type of screen:	PVC.	
Screen slot size:	Setting depth: From	<u>68</u> feet to	78feet	
Type of completion (circle all applicable):	•	erreamed Telescoped Open	hole Natural Development	
	Other (describe):		· · · · · · · · · · · · · · · · · · ·	
Top of lap pipe or reduction in casing: _	NA feet. If t	elescoped or more than one scr	een, describe on back of page	
Logs run (circle all applicable): No log nu	River Electric Gamma Ra	y Density Sonic Neutron	Other:	
Name of organization running log(s):	NIA			
I certify that the well was drilled, constr Department of Environmental Quality :	· · ·	••	•	
VIA VILLAND	170		h hoge	

Lewis Printing Pascagoula MS

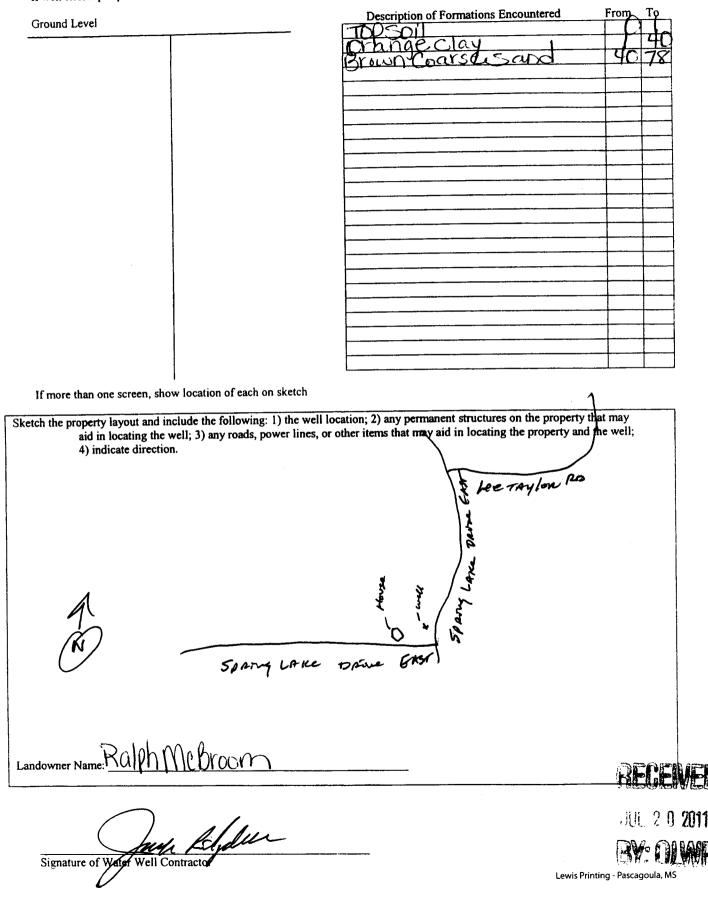
BY: OLWR

F446

If well telescopes please sketch below and show depths.

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STATE WELL REPORT						
			Part 2	For Office Use	Only	
County: Jacks	<u>son</u>	Pump Installer	's Completion Report	For Onice Ose	omy.	
		Mississippi Departme	nt of Environmental Quality and Water Resources	Aquifer:		
Permit #:	Jaculation	21/ P.O.	Box 10631			
Drillet: UST WO	Her Well St		MS 39289-0631	Well #:		
Date completed:	2/24/11		l) 961-5210 354-6938 (fax)	Elevation:		
	· ·		. ,	L		
		y the pump installer in det	ail and filed with the Departm	ent within 30 days of th	e	
installation of p			We	ll Location		
Well Owner Information Owner Name: Ralph MCBrDOM			Latitude: 30°35'24.66 Longitude: 088°41'30.78"			
Mailing Address: 17009 Springlake Drive			Method of Lat/Long (circle one): Conventional Survey,			
	•		USGS quad. Hand-held GP8, Survey-grade GPS			
Vancleave, MS 39565 City State Zip Code		SE 1/ SW 1/4 Sec 21 TWINT 55 Rng R.7W				
, [-	i i	Distance Direction Nearest Town			
Telephone No. 008 826-4074		4 Miles Nomth of Vanclemen				
	Pump Type Circle one			wer Type ircle one		
Air Lift	Jet	Submersible	Diesel Engine Gasolin	ne Engine Nati	ural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	Ттас	tor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):			Horse Power Rating of Motor	: 1 HP		
Date Pump Installed:			Setting Depth: (00 FT.)	Stoppipe seet		
Rated Pump Capacity	y: <u>20</u>	Gallons Per Minute	Number of Stages:)		
	Pump Test Da	ta		asuring Water Level		
Date Well Tested:	627/11			ircle one	_	
Static Water Level (A):Feet Below Land Surface			Air Line Electric Mea	C C	Таре	
Pumping Water Leve	el (B): <u>NA</u> F	eet Below Land Surface	Other (specify):	. 17		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	nut in head: N/A	feet		
Test Pumping Rate: <u>22</u> Gallons Per Minute			Well yielded <u>40</u>	GPM with a drawdow	n of	
Duration of Pump Te	est (minimum 4 hou	rs): <u> </u>	feet after	N/A hours of p	umping	
I HEREBY CERTIF	Y that the above sta	tements are true to the best of	of my knowledge.			
JackRido	dell 0-4	72	Joch	Ridden		
Fint ivane of Pump-	Installer and Licens	e No. (if applicable)	Signature of Pump In	staller V	- NEUEIVE	
			V			
					JUL 2 0 2011	

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BY: ()	IMP
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