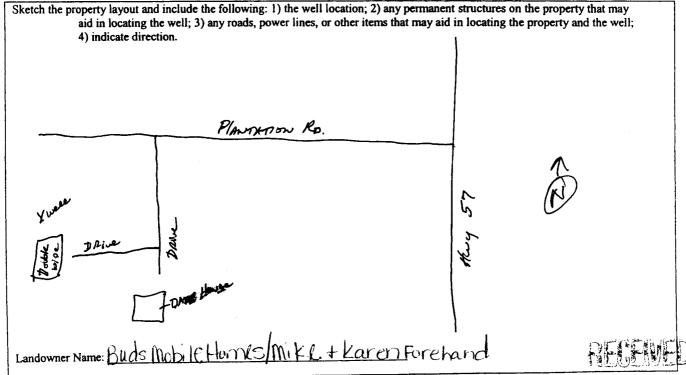
State W	ell Report			
County I I I I No. 31 I I	art I	r Office Use Only:		
Mississippi Departmen	of Environmental Quality Aquifer: nd Water Resources			
P.O. E	ox 10631 Well #: _	F457		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ition:		
	961-5210 4-6938 (fax) E-log #: _			
State Law requires that this report be prepared by the	· · · · · · · · · · · · · · · · · · ·			
30 days of completion of drilling of the well.		partment within		
Owner Name Blos Mobile Homes Fore hand	Well Location Latitude: 30 34 , 20.56 Longitude	1e088. 4348.78.		
Mailing Address: Plantation Rd.	Method of Lat/Long (circle one): Conver			
	USGS quad Hand-held GPS, Surv	ey-grade GPS		
Vancleave, Ms 39565 NW, NW, Sec 31				
Telephone No. 28881-2318	Distance Direction Neares Miles WW of WW	t Town		
Well)ata			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 10/2 11 Date w	1 /	///_		
If flowing, method of flow regulation: Valve Other (d	escribe)	,		
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 120FT Well depth: 120FT Well grouted to a depth of 6eet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 10 feet Casing diameter: 3 inches Type of casing: ρ				
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10				
Screen slot size: 106 inches Setting depth: From 110 feet to 120 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
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.				
T. 1 0:1 1:1 0:	A L	TATE OF THE PARTY		
Jack Klobdell C-475	Jack Ridge	lileyay 1 7 2011		
Print Name of Water Well Contractor and License No.	Signature of Water Well	Contractor		
	V	Lewis Printing - Pascagoula, MS		

Ground Level	Description of Formations Encountered	From	To
	Topsoil Orange clay Orange clay	5 30	及在
	Brown coalrse Sand	700	/óX
If more than one screen, show location of each on sketch			
ch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, 4) indicate direction.	location, 2) any permanent structures on the property or other items that may aid in locating the property and	that may the well;	



Signature of Water Well Contractor

NOV 1 7 2011

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STATE WELL REPORT

Part 2

County: JACKS ON **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 10-24-11 (601) 961-5210

For Office Use Only:		
Aquifer:		
Well #:	F457	
Elevation:		

(601) 354-6938 (fax) 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 Owner Information Well Location Mike P KARAN Owner Name: Buds Mobile Humes Latitude: 30° 24' 20.58 Longitude: 088 '43' 4878 Method of Lat/Long (circle one): Conventional Survey, Mailing Address: American Rd. USGS quad, Hand-held GPS, Survey-grade GPS NV 1/4 NW 1/4 Sec 31 Twn 755 RngR 7 W Distance Direction Telephone No. (228) 831-2318 4 Miles Na of Vandeme Pump Type Power Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Bucket Piston **Turbine** Hand **Tractor PTO** Flowing Well Windmill Centrifugal Rotary Other (specify): Horse Power Rating of Motor: Other (specify): Setting Depth: Tropping 66' feet Date Pump Installed: //-/6-// Rated Pump Capacity: ______ Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: //-/6-// Steel Tape Air Line Electric Measuring Line Static Water Level (A): ______Feet Below Land Surface Other (specify):

Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut in head:	
Duration of Pump Test (minimum 4 hours):hours		
HEREBY CERTIFY that the above statements are true to the best TACK K. RIDEDELL 0-476	per Ritial	
Paint Name of Pump Installer and License No. (if applicable)	Signature of Pump destaller	

Print Name of Pump Installer and License No. (if applicable)

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