	State Well Report	r		
County: TACKSON	Part 1	For Office Use Only:		
Mississip	pi Department of Environmental Quality	Aquifer: <u>459</u>		
	fice of Land and Water Resources P.O. Box 10631	Well #:		
Driller Dast Water Wellsky.	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 7/13/12	(601) 961-5210 (601) 354-6938 (fax)	E-log #:		
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		I Location		
Owner Name_Neil Mattos	Latitude: 30.35 21.2	" Longitude: 088 <u>18</u> 20.98,		
Mailing Address: 2003 Riverwood D	Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS quad, Hand-held	GP8, Survey-grade GPS		
Vancleave, MS 3957	05 55 1/4 5w 1/4 Sec 24	<u>SE 1/4 SW 1/4 Sec 24 1 Twn 755 Rng R7W</u>		
Telephone No. 0283 826 -9866	Distance Direction $5$ Miles $NE$	Nearest Town of <u>Vancleave</u>		
Weil Data				
Purpose of Well (circle one, Home Industrial Public Supply Irrigation, Fish Culture Other:				
Date well drilling started: Date well drilling completed:				
If flowing, method of flow regulation: Valve N/A Other (describe)				
Static Water Level: 85feet above or below (circle one) land surface Date measured: 7//3/12				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 165 FT Well depth: 165 FT Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>155</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>				
Screen slot size: <u>• 000</u> inches Setting depth: From <u>155</u> feet to <u>165</u> 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: N/A 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 complete dimensional in the interview of the second se				
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.				
Tagle Pilalall ortea				
Print Name of Water Well Contractor and License No.	s finh i	Ridgleee .		
	Signalure of	Water Well Contractor		

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## F 459

If well telescopes please sketch below and show depths.

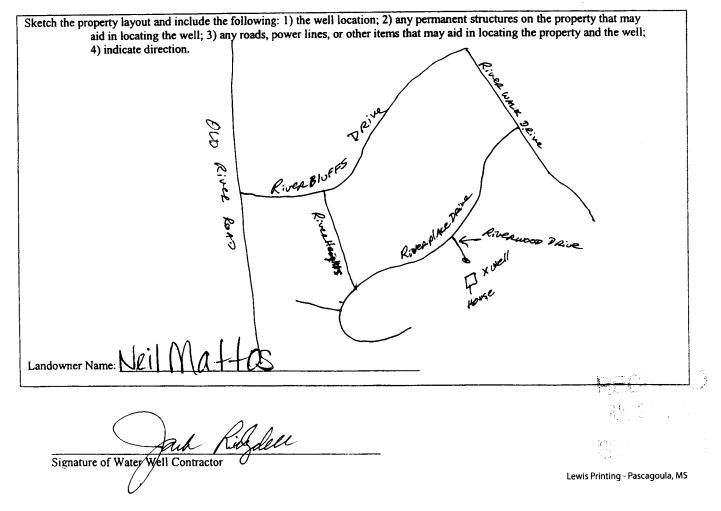
Ground Level

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 	Description of Formations Encountered	From To
	Orange+Blue Clay	2/5
	Gragt heaturn card	13214

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



F459

STATE WE	CLL REPORT		
County: JackSon     Permit #:   Office of Land a     Driller:   01140000000000000000000000000000000000	art 2   For Office Use Only:     completion Report   Aquifer:     t of Environmental Quality   Aquifer:     md Water Resources   Well #:     Sox 10631   Well #:     1S 39289-0631   Elevation:     961-5210   Elevation:		
This report should be prepared by the pump installer in deta installation of pump.			
Well Owner Information Owner Name: <u>NEIL Ma-HOS</u> Mailing Address <u>2003 River Wood D</u> rive <u>Vancleave</u> , <u>Ms 39565</u> <u>City</u> State Zip Code	Well Location     Latitude: 30° 35 39.48 Longitude: 088° 38 40.98     Method of Lat/Long (circle one): Conventional Survey,     USGS quare   Hand-held GPS, Survey-grade GPS    ¼   SecTwnRng     Distance   Direction   Nearest Town		
Telephone No. ()	Miles of		
Pump Type Circle one   Air Lift Jet   Submersible   Bucket Piston	Power Type Circle one     Diesel Engine   Gasoline Engine   Natural Gas     Electric Motor   Hand   Tractor PTO		
	Windmill Other (specify):		
Centrifugal   Rotary   Flowing Well     Other (specify):	Horse Power Rating of Motor: 2 1+P Setting Depth: 100FT Drop Pipelieet Number of Stages: 3		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: $N/A$ feet Well yielded $IS$ GPM with a drawdown of N/A feet after $N/A$ hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jack Kingdill 0-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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