State W	ell Renort			
	State Well Report Part 1			
	County: Jackson Part I Mississippi Department of Environmental Quality Aquifer:			
Permit # Office of Land ar	nd Water Resources	well #: F468		
	ox 10631 S 39289-0631	L. S. Elevation:		
	961-5210	E-log #:		
(601) 354	(601) 354-6938 (fax)			
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.				
Weil Owner Information	Well	Location		
Owner Name_Johnny Hicks	Latitude: <u>30 • 35 · He40</u>	" Longitude 088.39,20.04.		
Mailing Address: Sparrow Drive	Method of Lat/Long (circle one			
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Vancleave, MS 39565 City State Zip Code		Twn T55 Rng R7W		
Telephone No. (228) 697-4599	Distance Direction <u><u><u></u><u><u></u><u><u></u><u><u></u><u><u></u><u></u><u><u></u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u></u>	Nearest Town f Vancletue		
Well Data				
Purpose of Well (circle one) Home) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 9312 Date well drilling completed: 9412				
If flowing, method of flow regulation: Valve NA Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>300 FT</u> Well depth: <u>300 FT</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>285</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>15</u> feet Screen diameter: <u>A</u> inches Type of screen: <u>PVC</u>				
Screen slot size: <u>• 006</u> inches Setting depth: From <u>285</u> feet to <u>300</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: 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):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack Ridgdell n. 472		PLUI &		
Print Name of Water Well Contractor and License No.		Vater Well Contractor		

To

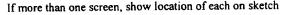
If well telescopes please sketch below and show depths.

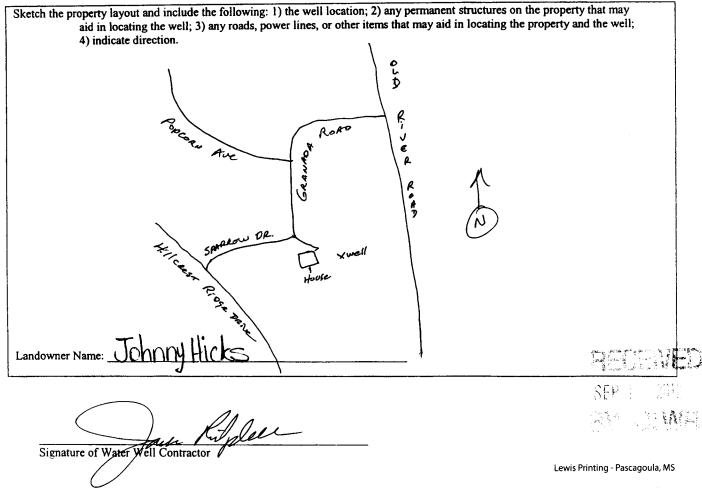
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	Description of Formations Encountered	From	To		
1	Topsoil	0	2		
	Orangeclas	2	15		
	Orange Cohrse Sand	15	303		
	Orange Clay,	93	60		
	Bluecian w/Streaks of Sam	60	274		
	Gravense Sand	<u>870</u>	300		
		 			
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one screen, show location of each on sketch					
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STATE WELL REPORT			
	Part 2 For Office Use Only:		
County: Jackson Pump Installer Mississippi Departm	r's Completion Report ent of Environmental Quality Aquifer:		
Permit #: Office of Land	and Water Resources		
	. Box 10631 MS 39289-0631 Well #: F468		
(60	1) 961-5210 354-6938 (fax) Elevation:		
This report should be prepared by the pump installer in de			
installation of pump. Well Owner Information	Well Location		
Owner Name: Johnny Hicks	Latitudes 30° 35' 26. 40 Longitude 088° 39' 20.04"		
Mailing Address: Sparrow Drive	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, (Hand-held GPS) Survey-grade GPS		
Vancleave, M3 39565	<u>SW 1/4 SE 1/4 Sec 23 Twn T55 Rng & 76</u>		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (208) 697-4599	4/2 Miles NNE of VancleAve		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: HP		
Date Pump Installed:	Setting Depth: 140 FT Drop Pipe_feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 9512	Circle one		
Static Water Level (A): 125 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): N/A Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: $N[A]$ Feet Below Land Surface	For flowing well, measured shut in head:		
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown			
Duration of Pump Test (minimum 4 hours): $4^{1/2}$ hours			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Tack Riagdel 0-472			
Microsoft Org Annual Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			
	Lewis Printing - Pascagoula, MS		

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