State Well Report For Office Use Only:			
County TOCKSON P			
Mississippi Department	t of Environmental Quality	Aquifer:	
1 A	Office of Land and Water Resources P.O. Box 10631		
	IS 39289-0631	L. S. Elevation:	
	961-5210		
(601)354	1-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.			
Well Owner Information	Well	Location	
Owner Name Howard Davis	Latitude: 30 · 36 · 011	" Longitude <u>188.38 .508</u> "	
Mailing Address: 10009 HWY 57	Method of Lat/Long (circle or		
	USGS quad, Hand-held	GPS, Survey-grade GPS	
Vancleave MS 39565 City State Zip Code	W 1/4 NW 1/4 Sec_ 23	Twn T55 Rng R6W	
Telephone No. 28884-462 Distance Direction Nearest Town Miles Source of Ware			
Well I	Data		
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: 6-29-06			
If flowing, method of flow regulation: ValveOther (describe)			
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6 39-06			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth:	Well grouted to a depth of	<u>/O</u> feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length:feet	inches Type of casing: _		
Screen length: O feet Screen diameter: O inches Type of screen:			
Screen slot size: 4006 inches Setting depth: From 177 feet to 187 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: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.			
Tock Ridadell 0-472		Ridgheel	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor	

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level				

Description of Formations Encountered	From	To_
Top:Soil		コ
Prhyo Clay	~	70
This P. Charse Sand W Pengrave	9	X 7
White Du Sa Salar Français	SX.	197
prue cray	2,9	199
nedium Gray Sand	166	18.1
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If more than one screen, show location of each on sketch

aid in locating the well; 3) any roads, 1 4) indicate direction.	g: 1) the well location; 2) any permanent structures on the property that may power lines, or other items that may aid in locating the property and the well; H W Neekla Combest Ro Well comb
Landowner Name: HOWMA LSW 15	.

Signature of Water Well Contractor

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STATE WELL REPORT

County: Tackson Permit #: Driller: Cast Water Well SRV. Date completed: 6-29-C6

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

pi Department of Environmental Quality fice of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
well #: <u>6-173</u>		
Elevation:		

Date completed: 6-39-06	(601)961-5210 (601)354-6938 (fax)		Elevation:	
This report should be prepared by th	This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the		ys of the	
installation of pump.				
Well Owner Informat	ion		Well Location	
Owner Name: Howard Davis		Latitude: 30'34'011" Longitude: 088°38'508"		38°38′508″
Mailing Address: 10009 Hwy 5	17	Method of Lat/Long (circle one): Conventional Survey,		al Survey,
-		USGS quad, Hand-held GPS Survey-grade GPS		vey-grade GPS
Vancleave M	1s 39565			A
City State	Zip Code	Distance Direction Nearest Town		
Telephone No. <u>238</u> 836 - 466	2	3 Miles South of Wade		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine G	asoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor H	land	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill C	Other (specify):	
Other (specify):		Horse Power Rating of N		
Date Pump Installed: 8-10-06		Setting Depth: 60FT. Droppipe feet		
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	2	
Pump Test Data		Method o	of Measuring Water Circle one	Levei
Date Well Tested: 8-10-06		Air Line Electric	c Measuring Line	Steel Tape
Static Water Level (A): 40 Feet Below Land Surface Other (specify):		-		
Pumping Water Level (B): N/A Feet Below Land Surface		-// 4		
Drawdown [(B) – (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: N/A feet		/V//t feet		
Test Pumping Rate:	_Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	: Hours	hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best o		RECEIVED
Ben Ridgdell 0-713P Print Name of Pump Installer and License No. (if applicable)	Bar Ridgfell Signature of Pump Installer	AUG 2 9 2006