		ch keport	For Office Use Only:				
County: Jackson	Part 1		Aquifer:				
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #: 6-187				
Drille COAST WOHERWELLS			Well #:				
	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:				
Date drilling completed: 11-6-07	1 ' '	961-3210 4-6938 (fax)	E-log #:				
Co. I with the Department within							
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 Informa		Well Location					
Owner Name Wiley Wells		Latitude: 30 · 34 · 8/8 " Longitude: 088 · 32 · 9/5"					
Mailing Address: Wolfridge Rd		Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held	USGS quad, Hand-held GPS Survey-grade GPS				
Moss Point, MS 39562— City State Zip Code		NE 1/4 56 1/4 Sec 26 Twn T 55 Rng R6W					
relephone No. (28) 238-9777 Distance Direction West		Nearest Town of Big Point					
Telephone To. (G) - 7 - 7 - 7							
Well Data							
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:							
Date well drilling started: 11-6-07 Date well drilling completed: 11-6-07							
If flowing, method of flow regulation: Valve Nich Other (describe)							
Static Water Level:							
Method of Measurement (circle one) steel tape electric tape air line other:							
Hole depth: 80 FT Well depth: 80 FT Well grouted to a depth of 10 feet							
Type of grout (circle one): Cement Bentonite Mix							
Casing length: 70 feet Casing diameter: 2 inches Type of casing: PVC							
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC							
Screen slot size: inches	Setting depth: From	10 feet to	SO 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): NA							
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.							
Jack Ridgdell 0	-472	_ Such !	Well				
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor				

State Well Report

Description of Formations Encountered

								
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If more than one screen, show location of each on sketch Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may								
aid in locating the w 4) indicate direction	vell; 3) any roads, power lines, or o	ther items	that may aid in locating the	he property and the	well;			
4) indicate direction	•							
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14), 10			mobilehoype	voushinge Ro	(2)			
Landowner Name: Wiley			mobilehorpe	working Ro				
Landowner Name: Wiley			mobilehorpe	working Ro				
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	Wells		mobilehorme	Worthinge Ro				
	Wells		mobilehorme	Worthinge Ro				
Landowner Name: Wiley And Kingstone Signature of Water Well Code	Wells		mobilehorme	Worthing Ro				

If well telescopes please sketch below and show depths.

Ground Level

STATE WELL REPORT

SIAIE WELL REPURI							
County: Jackson M Permit #: M Driller Cast Water Well SRV. Date completed: II - Le - 0.7	Pump Installer's fississippi Departmen Office of Land a P.O. E Jackson, M (601)	For Office Use Only: Aquifer: Well #: 6 - 18 1 Elevation:					
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					
Owner Name: Wiley Wells		Latitude: 30'34'818' Longitude: 088° 32'915"					
Mailing Address: WOIFridge Rd.		Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held GPS, Survey-grade GPS					
Moss Point Ms 39562		NE 1/2 SE 1/4 Sec 26 Twn 755 Rng R6W					
City State	Zip Code	Distance Direction	Nearest Town				
Telephone No. <u>238)</u> <u>238-9777</u>		H Miles West of	_				
Pump Type Power Type							
Circle one			cle one				
Air Lift Jet Sub	omersible	Diesel Engine Gasoline	Engine Natural Gas				
Bucket Piston Turk	bine	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary Flo	wing Well	Windmill Other (s	pecify):				
Other (specify):		Horse Power Rating of Motor:					
Date Pump Installed: 11-7-07		Setting Depth: 40FT Drop Pipe, feet					
Rated Pump Capacity: 8,5 Gallo	ons Per Minute	Number of Stages: 2					
Pump Test Data Method of Measuring Water Level							
Date Well Tested: 11-7-07			cle one				
Static Water Level (A): 20 Feet Below Land Surface		Air Line Electric Measu	ring Line Steel Tape				
Pumping Water Level (B): N/A Feet Below	Í	Other (specify):					
Drawdown [(B) – (A)]:Feet Below	w Land Surface	For flowing well, measured shut in head:feet					
Test Pumping Rate: 8,5 Gallo	ons Per Minute	Well yielded 8,5 GPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):	•		Mours of pumping				
HEREBY CERTIFY that the above statements are true to the best of my knowledge.							
TONNE KINS 0-716P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer							