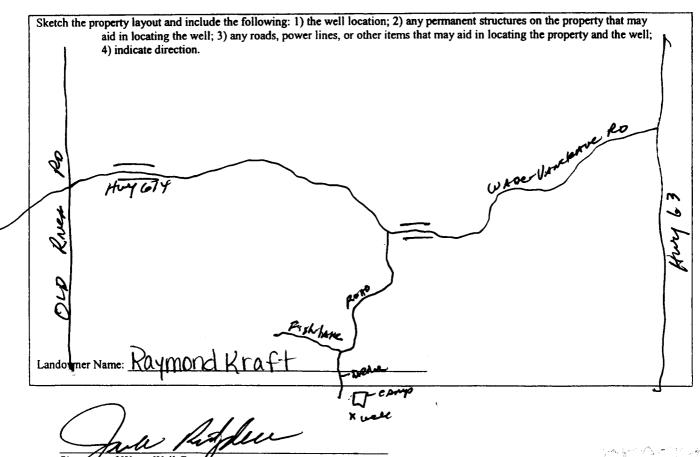
State W	ell Report For Office Use Only:			
1 0 V1/ N >/ I	art l			
Mississippi Departmen	t of Environmental Quality Aquifer: 6209			
	nd Water Resources Nox 10631 Well #:			
1 / // PC'-A-(1)// A// 11 D/11	IS 39289-0631 L. S. Elevation:			
	961-5210			
(601) 35	4-6938 (fax) E-log #:			
State Law requires 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	Well Location			
Owner Name Raymond Kraft	Latitude: 30 · 36 · 13.90 Longitude 188 · 37 · 35.10			
Mailing Address: Fish Lake Rd.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, (Hand-held GPS, Survey-grade GPS			
Vancleave, Ms 39565 City State Zip Code	50 1/2 50 1/2 Sec 18 Twn 755 Rng R6 W			
Telephone No. (208) 497-9613	Distance Direction Nearest Town 41/2 Miles Sw of Whee			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Camp Date well drilling started: 9-3-10 If flowing, method of flow regulation: Valve N/A Other (describe) Static Water Level: 10 feet above or below (circle one) land surface Date measured: 9-3-10 Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 345 FT. Well depth: 345 FT. Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix	Oda			
Casing length: 335 feet Casing diameter:	0.1			
Screen length: 10 feet Screen diameter: 3 inches Type of screen: PVC				
Screen slot size:inches	335 feet to 345 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): 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.				
Jack Ridgdell 0-472	Jan Ritysleen			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

		-
Ground Level		

Description of Formations Encountered	From	To
TODSOIL	0	
Orange Clay		40
While Coarse Sand	40	हर
Divo Clark	4	200
Blue Clay Gray Medium to Coarse Sand	3	刘位
Tray Meallum to Coarse Sculd		
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If more than one screen, show location of each on sketch



STATE WELL REPORT Part 2 For Office Use Only: county: Jackson Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601) 961-5210 Date completed: 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 Location Well Owner Information Latitude: 3636 13,20" Longitude: 08 37 36,10" Owner Name: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, (Hand-held GPS) Survey-grade GPS 54 4 50 4 Sec 18 Twn 755 Rng R 6 W Distance Direction Nearest Town Telephone No. 208) 497-9613 4'h Miles Sw of WARE Power Type Pump Type Circle one Circle one Air Lift Gasoline Engine Natural Gas Submersible Diesel Engine **Piston Turbine** Electric Motor Hand Tractor PTO **Bucket** Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: Other (specify): 9-7-10 Date Pump Installed: Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: N A For flowing well, measured shut in head: Feet Below Land Surface Well yielded 30 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Signature of Pump Installe