	State W	ell Report		
County: JACKSON		art 1	For Office Use Only:	
County: JACPOUL	Mississippi Department	of Environmental Quality	Aquifer:	
Permit #:		nd Water Resources	Well #: H-129	
Driller: Coast Water Wellsin.		ox 10631 S 39289-0631	L. S. Elevation:	
Date drilling completed: 12-1-00	,	961-5210	L. S. Elevation:	
Date drining completed.		I-6938 (fax)	E-log #:	
		duilles in detail and filed w	with the Department within	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the good of the well.	Griffer in detail and theu w	The Department within	
Well Owner Informa	ation	Wel	l Location	
Owner Name GEOrge Martin		Latitude: 30.34 .110	" Longitude: 08.0 7.30 "	
Mailing Address: Lily Orchard Pd.		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
MOSSPOINT, MS 39502 City State Zip Code		56 1/4 NW1/4 Sec 35	Twn 755 Rng <i>R5W</i>	
Telephone No. (2)8) 218 - 4526		Distance Direction Miles	Nearest Town of Bry Point	
	Well I)ata		
Dumass of Well (sirele one) Home	lustrial Public Supply	Irrigation Fish Culture	Other:	
Purpose of Well (circle one) Home Ind	· · ·			
Date well drilling started:	Date w	vell drilling completed:	X-1-06	
If flowing, method of flow regulation: Va	lve MA Other (de	escribe)		
Static Water Level:feet al	pove or below (circle one) l	and surface Date measured:	12-1-00	
Method of Measurement (circle one) s	teel tape electric tape	air line other:		
Hole depth: 3751 Well de	pth: 3751	Well grouted to a depth of	feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 305 feet Casin	ng diameter:	_inches Type of casing:	OVC	
Screen length:feet Screen	een diameter:	inches Type of screen:	PVC	
Screen slot size: i OOOinches	Setting depth: From	305 feet to	375 feet	
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scr	een, describe on back of page	
Logs run (circle all applicable) No log ru	n Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	1A			
I certify that the well was drilled, constr		• •		
Department of Environmental Quality a	anwor ine mississippi Dep	partiment of mealth regulation	s and state laws.	
Jack Ridgdell ()-472	_ Jack Pla	gold RECEIV	
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor	

If well telescopes please sketch below and show depths
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Ground Level					

Description of Formations Encountered	From	To
TOO SOIL		
INDITE CIAN	オ	15
White coarse sand	15	129
Blue clauw streaks of sand	129	353
Gray med to coarse sand	352	375
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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 well; 3) any rpads, power lines, or other items that may aid in locating the property and the well;	
İ	4) indicate direction.	
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	Well * Et proposed House	
I	(N) well x	
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	Landowner Name: GROYGE MAFTIN	
i	Landowner Marine. Of Color of the Color of t	

Signature of Water Well Contractor

RECEIVED

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BY: OLWE

STATE WELL REPORT

Part 2 For Office Use Only: Pump Installer's Completion Report County: Jackson Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 10631 Driller: (Dast Water Well, SRV. Jackson, MS 39289-0631 (601)961-5210 Date completed: 12-1-06 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 O" Longitude: 🕼 Owner Name: George Martin Method of Lat/Long (circle one): Conventional Surve Mailing Address: Lily Orchard Rd. USGS quad, Hand-held GPS Survey-grade GPS Distance Direction Nearest Town Telephone No. 228) 218-452/a 2 Miles SE of Big Point Pump Type Power Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Piston **Turbine** Electric Motor Bucket Hand Tractor PTO Centrifugal Flowing Well Windmill Rotary Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: Setting Depth: Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 3-7-07 Air Line Electric Measuring Line Steel Tape Static Water Level (A): () Feet Below Land Surface Other (specify): Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____ // Gallons Per Minute Well yielded GPM with a drawdown of N/A_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