County: JACKSON Permit #: Driller COAST Water Well SRV. Date drilling completed: _2-10-07 State Law requires that this repo 30 days of completion of drilling Well Owner Information Owner Name RODNEY EME	Pa Mississippi Department Office of Land as P.O. B Jackson, M (601) (601)354 ort be prepared by the of the well. tion	Well	For Office Use Only:         Aquifer:		
Mailing Address: 1009 Raytor MDSSPDint, M City Telephone No. (228) 990 - 045	<u>d Shumbck</u> Rd S. <u>39562</u> e Zip Code	Method of Lat/Long (circle of USGS quad, Hand-held	he): Conventional Survey, GPS) Survey-grade GPS Twn T.55 Rng R5 W Nearest Town		
	Weil I	Jata			
Purpose of Well (circle one) Home Ind Date well drilling started: $2 - 1$ If flowing, method of flow regulation: Val Static Water Level: $10$ feet ab Method of Measurement (circle one) st Hole depth: $58'$ Well dep Type of grout (circle one): Cement Casing length: $53$ feet Casin Screen length: $5$ feet Scree Screen slot size: $a 0000$ inches Type of completion (circle all applicable):	B = 0.7 Date w ve N/A Other (de ove or below (circle one) la eel tape electric tape oth: 58' Bentonite Mix ag diameter: 2 en diameter: 2 Setting depth: From _ Gravel packed Under	rell drilling completed: escribe) and surface Date measured: air line other: Well grouted to a depth of inches Type of casing: 5_3feet to5	$\frac{2 - 10 \cdot 07}{2 - 10 \cdot 07}$ $\frac{2 - 10 \cdot 07}{10}$ feet $\frac{9 \times C}{8}$ feet hole Natural Development		
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 ru	DElectric Gamma Ray	Density Sonic Neutron	Other:		
Name of organization running log(s): N I certify that the well was drilled, constr	IA				
Department of Environmental Quality a					
Jack Ridgdell D Print Name of Water Well Contractor and	-472	Signature of	Reference D		

BY: OLWF

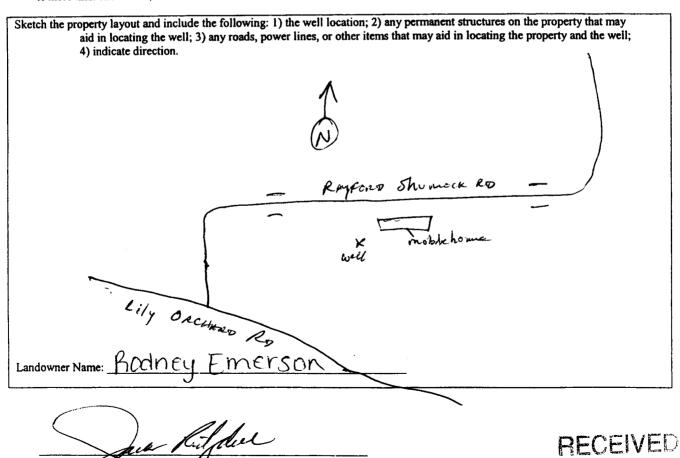
H-132

If well telescopes please sketch below and show depths.

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Ground Level		Description of Formations Encountered	From	То
Glouid Level	TOD SOL		O	a
	-	nrange Clay	12	15
	5	white coarse sand	15	30
	H	Shul clay	1.30	50
	L.	white course sand	50	58
	4	WHITE CLACISE VALMA		201
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

MAR 0 5 2007 BY: OLW F

	STATE W	ELL REPORT	
County: JACKSON Permit #: Driller: (DAST Water WellSRV. Date completed:7 - (D - 0.7	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer: Well #: <u>H-132</u> Elevation:
This report should be prepared by th	ie pump installer in deta	ail and filed with the Departn	nent within 30 days of the
installation of pump. Well Owner Informat	tion	W	ell Location
Owner Name: <u>BODDEY EMERSON</u> Mailing Address: <u>UD9 Rayford Shumock</u> Rd.		Latitude: 30"35.945 Longitude: 08827. 955	
		Method of Lat/Long (circle onc): Conventional Survey,	
J		USGS quad, Har	nd-held GPS,) Survey-grade GPS
Mosspoint, MS 39562 City State Zip Code		$\frac{NW_{4} NW}{NW} \frac{V}{4} \operatorname{Sec} \frac{26}{7} \operatorname{Twn} \frac{755}{755} \operatorname{Rng} \frac{R5W}{R5W}$	
Telephone No. (2723) 1-10 000			01_019787
Pump Type		Power Type	
Circle one			Circle one
Air Lift Jet	Submersible		ine Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	r (specify):
Other (specify):		Horse Power Rating of Motor: 1 ##P	
Date Pump Installed: <u>2-7-07</u>		Setting Depth: 40 Ft. drop pipe feet	
Rated Pump Capacity:9	Gallons Per Minute	Number of Stages:	2
Pump Test Data			easuring Water Level Circle one
Date Well Tested:		Air Line Electric Measuring Line Steel Tape Other (specify):	
Drawdown [(B) – (A)]: $N \downarrow A$ Feet Below Land Surface		For flowing well, measured s	shut in head: NIA feet
Test Pumping Rate: Gallons Per Minute		Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		NA feet after NA hours of pumping	
	ents are true to the best of	f my knowledge.	ALL RECEIVE

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