	ell Report	For Office Use Only:			
County: <u>JAC 5011</u> Mississippi Departmen	t of Environmental Quality	Aquifer:			
	and Water Resources Box 10631	Well #: <u>H- 160</u>			
Driller: CUSI WUTEY ICE// Jackson, M	IS 39289-0631	L. S. Elevation:			
	961-5210	F log #			
(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		l Location			
Owner Name Koger Gibson		7" Longitude: <u>(78° 30' 040</u> 02			
Mailing Address: 2903 Lynwood St.	Method of Lat/Long (circle or	ne): Conventional Survey,			
Pascagoula, 11539567		GPS, Survey-grade GPS			
	NE 1/ SE 1/2 Sec_ 32	Twn TSS Rng R5W			
City State Zip Code	Distance Direction	Nearest Town of B, 9 Point			
Telephone No. (398) 990-1334	$\int \frac{172}{Miles} \frac{5\omega}{5\omega}$	of Big Foint			
Weil	Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: $3 - 25 - 08$ Date well drilling completed: $3 - 25 - 08$					
If flowing, method of flow regulation: Valve Other (d					
Static Water Level:feet above on below (circle one) land surface Date measured: $3 - \partial S - \partial S$					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: Well depth: Well grouted to a depth of feet					
Type of grout (circle one): Cement Rentonite Mix					
Casing length: <u>(0)</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>pUC</u>					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 01/C					
Screen slot size: $\frac{000}{2}$ inches Setting depth: From <u>50</u> feet to <u>60</u> 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:					
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 RECEIVED					
To ale Dil 2 (1 - 2 - 170		ALL. APR 1 0 2008			
Print Name of Water Well Contractor and License No.					
rink ivane of water wen contractor and License No.	Signature of				

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H-160

If well telescopes please sketch below and show depths.

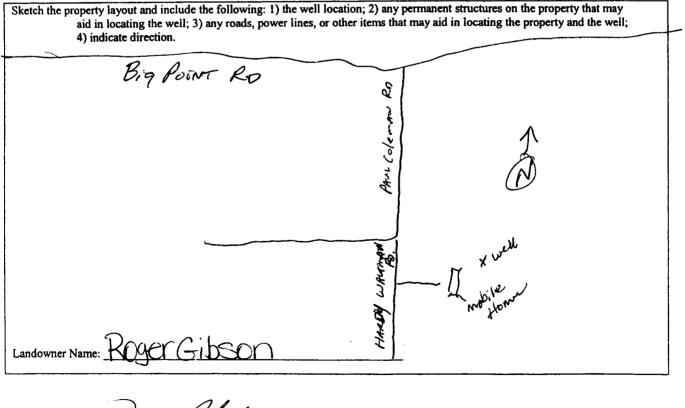
Ground Level

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Description of Formations Encountered	From To
 Onance Clay	3 13
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If more than one screen, show location of each on sketch



Adur Signature of Water Well Contractor

APR 1 0 2008 BY: OLWR

	STATE W	ELL REPORT		
County: Jackson	Part 2 Pump Installer's Completion Report		For Office Use Only: Aquifer:	
Permit #: Driller <u>COASTWATERWEL</u> SRV. Date completed: <u>3-25-08</u>			Well #: <u>H- 160</u> Elevation:	
This report should be prepared by the		54-6938 (fax) ail and filed with the Departm		
installation of pump. Well Owner Informat	tion	We	Il Location	
Owner Name: Roger Gibbor			Longitude: 088 30'04	
Mailing Address: 3903 LYNU	lood st.	Method of Lat/Long (circle or		
Descoule	N- 2007 .7		d-held GPS, Survey-grade GPS	
Pascagala, Ms 39567 City State Zip Code		<u>NE 14 SE 14 Sec_ 32 Twn T55 Rng_ R5W</u>		
		Distance Direction	Nearest Town	
Telephone No. 008) 790 - 132	<u>></u>	$- \frac{1}{2} \frac{5}{10} Miles - \frac{5}{10} \frac{1}{10} \frac$	of BigPoint	
Pump Type Circle one			wer Type Sircle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor		
Date Pump Installed: 3-27-08		Setting Depth DFTD	COP Pipes feet	
Rated Pump Capacity: / 0 ; 5	Gallons Per Minute	Number of Stages:	2	
Pump Test Data			asuring Water Level	
Date Well Tested: 3-27-08		Air Line Electric Mea	suring Line Steel Tape	
Static Water Level (A):Feet		Other (specify):		
Pumping Water Level (B): NA Feet I				
Drawdown [(B) – (A)]: NA Feet		For flowing well, measured sh	,	
			Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	N/Afeet after	NA hours of pumping	
			RECEIVE	
TACK Ridgdell 0-47	ents are true to the best o	of my knowledge.	fler APR 1820	
Print Name of Pump Installer and License N	o. (if applicable)	Signature of Pump In	staller BY: OLV	
		\bigcirc	and the second	

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