State W	ell Report			
	Part 1	For Office Use Only:		
Mississippi Departmer	nt of Environmental Quality and Water Resources	Aquifer: Well #: <u>H - 171</u>		
P.O.I	stuhter 11 pilsell P.O. Box 10631			
Jackson, N	Jackson, IVIS 59209-0051			
(601) 354-6938 (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		Location		
Owner Name Mike Byrd	Latitude: 20.37.196	" Longitude 🖉 37 '573'		
Mailing Address: Parkridge Ro.	Method of Lat/Long (circle or	ne): Conventional Survey,		
		GPS Survey-grade GPS		
Moss Point Ms 39562	5. J 1/2 500 1/2 Sec 9	Twn 755 Rng R5W		
Telephone No. ()	Distance Direction	Nearest Town of <u>Hurburg</u>		
Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $6 - 12 - 08$ Date well drilling completed: $6 - 12 - 08$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>50 FT.</u> Well depth: <u>S0 FT.</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 40 feet Casing diameter: 2 inches Type of casing: PK				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: •000 inches Setting depth: From 40 feet to 50 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	Jack	hifder		
Print Name of Water Well Contractor and License No.	Signature of			

.

٤

~

JUL 0 3 2008 BY: OLWR

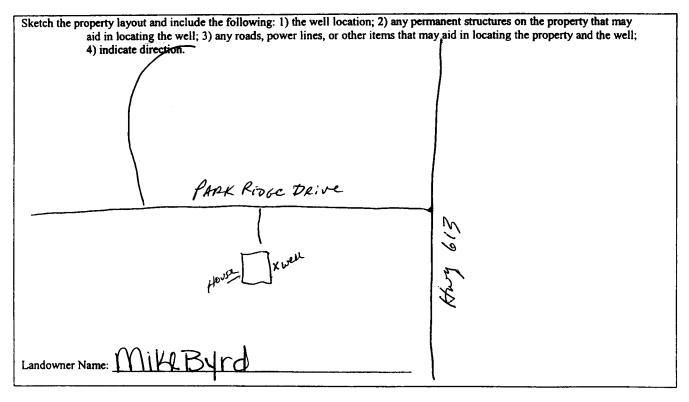
H-171

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
TOP SOIL,	$\Box O$	る
OCTIMAR CLAY 1	a	\mathbf{N}
while mirele. Sand	178	57
WITTER CHI SOCKIC		24
	+	
	4	
	4	
		L
		\square
	++	
	+	
	<u> </u>	
		L
	1	
	+	
		·

If more than one screen, show location of each on sketch



Jun Signature of Water Well Contractor

JUL 0 3 2008 BY: OLWR

STATE WELL REPORT			
Permit #: Mississippi Depart Drille Oast Water Well SRV. Jacks	Part 2 Aller's Completion Report rtment of Environmental Quality and and Water Resources P.O. Box 10631 ion, MS 39289-0631 (601) 961-5210 D1) 354-6938 (fax)		
	detail and filed with the Department within 30 days of the		
installation of pump. Well Owner Information Owner Name: Mike Byrd Mailing Address: Parkridge Rd. Mailing Address: Parkridge Rd. Mailing Address: Parkridge Rd. Mailing Address: Parkridge Rd. Telephone No. ()	Well LocationLatitude: $30^{\circ}37'196''$ Longitude: $08^{\circ}29'573''$ Method of Lat/Long (circle one): Conventional Survey,USGS quad, Hand-held GPS, Survey-grade GPSSourvey-grade GPSSourvey-grade GPSSourvey-grade GPSDistanceDirectionNearest Town $2/4$ MilesSourrey of Hus Ley		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline 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: <u>6-13-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>30FT</u> , <u>Drop Pipe</u> feet Number of Stages: <u>2</u>		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: $6 - 13 - 08$ Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): $N A$ Feet Below Land Surface Drawdown [(B) – (A)]: $N A$ Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head:feet		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge Jack Ridgdel 0-472 Print Name of Pump Histaller and License No. (if applicable) Signature of Pump Installer			
	RECEIVED		
	JUL 0 3 2008		
	BY: OLWR		

•

•

2

• -

.