State Well Report					
County: Jackson	P	art 1	For Office Use Only:		
County: County:		t of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #: H- 180		
Driller COOST Water Well SRV.		30x 10631			
121 0	•	IS 39289-0631 961-5210	L. S. Elevation:		
Date drilling completed: 2-26-09		4-6938 (fax)	E-log #:		
	, ,	•			
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the of the well.				
Well Owner Informa	ition	Well	Location		
Owner Name Cindy Myers	Latitude: 30 • 35 • 788		" Longitude: 088 27 081 "		
Mailing Address: Rayford	numork Rd . Method of Lat/Long (circle of		ne): Conventional Survey,		
USGS quad Hand-held GPS, Survey-grade GPS					
Moss Point, Ms 39562 NW 1/2 SE		NW 15 1/2 Sec 23			
		Distance Direction	Nearest Town		
Telephone No. (228 218 - 3874		$\underline{\mathcal{S}}$ Miles $\underline{\mathcal{S}}$	of Hualey		
	Well	l Data			
			1, 100,000		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Livestock					
Date well drilling started: 2-26-09 Date well drilling completed: 2-26-09					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet (bove) or below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 46 FT. Well depth: 46 FT. Well grouted to a depth of 6 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 400 feet Casing diameter: a inches Type of casing: PVC					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size: inches Setting depth: From feet to feet to 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.

Print Name of Water Well Contractor and License No.

MAR 1 1 2009

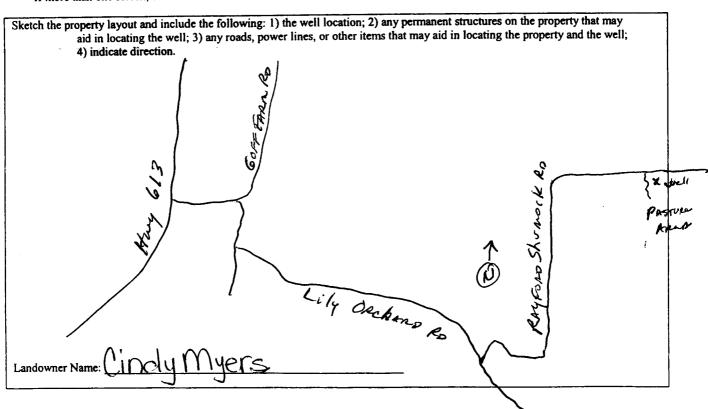
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level		

Description of Formations Encountered	From	То
TOPSOIL	0	8
rrange clay wistreaks of Sara	2	30
White Crared Sand Wistreaks of clay	30	80
Blue Clay wistreaks of sand	80	381
Gray Medium to coarsesand	38	416
		\vdash
		
	L	LJ

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



Signature of Water Well Contractor

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STATE WELL REPORT

County: Jacksor Permit

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

(601) 961-5210

For Office Use Only: Aquifer: Well #: 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 Longitude: Owner Name: \ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: K USGS quad, Hand-held GPS Survey-grade GPS NW 1 SE 1/4 Sec 23 Twn 755 Rng R5 W Nearest Town Distance Direction Telephone No. (28) 218-387 5 Miles SF of He she **Power Type** Pump Type Circle one Circle one Gasoline Engine Natural Gas Diesel Engine Jet Submersible Air Lift Electric Motor Hand **Tractor PTO** Piston **Turbine Bucket** Flowing Well Windmill Other (specify): Rotary Centrifugal Horse Power Rating of Motor: 1/2 Other (specify): _ Date Pump Installed: 2-27-09 Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 2-27-09 Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Mt Feet Below Land Surface Drawdown [(B)-(A)]: Feet Below Land Surface For flowing well, measured shut in head: Well yielded 30 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute hours of pumping Duration of Pump Test (minimum 4 hours): _ 4

I HEREBY CERTIFY that the a	bove statements are true	to the best of my knowledge.
Jack Ridadell	0.170	
. Vicia Ridiacieli	17412	

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

Signature of Pump Installer

MAR 1 1 2009

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