State Well Report					
County: Jackson	i	art 1	For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer: H 202		
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #:		
Driller WHE WEISKY	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed:	, , ,	961-5210 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			Well Location		
Owner Name Larry Autry		Latitude: <u>30° 35</u> ' 44	de: 30° 35,44 bhr Longitude: 08% 27 / lado		
Mailing Address: Rayford Sh	umock Rd.	Method of Lat/Long (circle one): Conventional Survey,			
USGS		USGS quad Hand-held	quad Hand-held GPS, Survey-grade GPS		
Moss Point, Ms 39562.		NW/ SE 1/4 Sec 23 Twn T55 Rng R5W			
Telephone No. (208) 217 - 846	phone No. 28 217 - 8460 Distance		tion Nearest Town Graphs: Note The Control of Big Point		
Well Data					
Purpose of Well (circle one Home) Ind	uetrial Public Sumply	Irrigation Fish Culture	Other:		
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started:					
•	•	•			
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: feet above or below (circle one) land surface Date measured: Date measured:					
Method of Measurement (circle one) steel tape electric tape air line) other:					
Hole depth: 414 FT. Well depth: 414 FT. Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 404 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size: . 006 inches Setting depth: From 404 feet to 414 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: NA 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): NA					
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.					
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Jack Ridgdell 0-472 Jack Raylan					
Print Name of Water Well Contractor and	License No.	//	Water Well Contra RECEIVED		

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BY: OLWR

BY: OLWR

Ground Level		Description	of Formations Enc	ountered	From	To
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		White Co	arse San	d	35	IC
		Blue Clay			100	370
		Grav Me	dium to Ca	arse.Sand	370	414
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th the property layout and inc aid in locating the w 4) indicate direction	vell; 3) any roads, power lin	well location; 2) any perm les, or other items that ma	nanent structures on ay aid in locating the	the property the property and t	at may he well;	
aid in locating the w	clude the following: 1) the vell; 3) any roads, power lin	RAYPORG	manent structures on ay aid in locating the	property and t	at may he well;	
downer Name: Larry	Autry Autry Autry	nes, or other items that ma	ay aid in locating the	well K	he well;	EIV
aid in locating the w 4) indicate direction owner Name: Larry	Autry Autry Autry	RAYPORG	ay aid in locating the	well K	he well;	=IV
aid in locating the w 4) indicate direction	Autry Autry Autry	RAYPORG	ay aid in locating the	well K	he well;	

STATE WELL REPORT

County: Jackson Permit #: Driller WS+WAter Well SRV. Date completed: 11-1-10

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

(601) 354-6938 (fax)

For Office Use Only:				
Aquifer:				
Well #:				
Elevation:				

This report should be prepared by the pump installer in deta	ail and filed with the Department within 30 days of the			
installation of pump. Well Owner Information	Well Location			
Owner Name: Larry Autry	Latitude 36° 35′ 44.64″ Longitude: 088° 27′ 16,26″			
Mailing Address: Rayford Shumock Rd.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
MOSSPOINT, MS 39562 City State Zip Code	NW 1/4 56 1/4 Sec 23 Twn 755 Rng R5 W			
·	Distance Direction Nearest Town			
Telephone No. (228) 217-8460	2 Miles NE of Big Point			
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: 1/2 H.P.			
Date Pump Installed: 11/13/10	Setting Depth: 30' Drop Pipe feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
11/12/2	Circle one			
Date Well Tested: 11/13/10				
Static Water Level (A): +/ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Static water Level (A). 1 Feet Delow Land Surface	Other (specify):			
Pumping Water Level (B):Feet Below Land Surface	(-F).			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per Minute	Well yielded 35 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			
I HEDERY CERTIEV that the above statements are true to the heat of	of my knowledge			

TACK Riage 10-42

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

Signature of Pump Installer

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