Theson	p	art 1	For Office Use Only:
County: 10 County:	Mississippi Department of Environmental Quality		Aquifer:
Permij.#:	Office of Land and Water Resources		Well#: H216
prille astuberuellsev.	P.O. Box 10631		Well#: Flalb
Mortin	1	IS 39289-0631	L. S. Elevation:
Date drilling completed:		961-5210	E lee #:
	(601) 35	4-6938 (fax)	E-log #:
State Law requires that this repo		driller in detail and filed w	ith the Department within
Well Owner Informs		Well	Location
Owner Name Kally Byrd		Latitude: 30.37,434	Longitude: <u>088</u> . <u>25.33.30</u>
Mailing Address:		Method of Lat/Long (circle on	e): Conventional Survey,
		USGS quad, (Hand-held	GPS, Survey-grade GPS
Moss Point	MS 39562	MIN NIN CON 7.	Twn 755 Rng R4W
City Stat		3w 7	I Wn 733 _ Rng X F
- · · · · · · · · · · · · · · · · · · ·	-	Distance Direction	Nearest Town
Telephone No. (208) 588 - 35	230	4 Miles 5 C	of Horsey
	Weil I	ata	
Purpose of Well (circle one) Home Ind	netrial Dublic Cumply	Irrigation Fish Culture	Other:
		1	Other:
Date well drilling started: 10/05	Date w	rell drilling completed:	25/12
If flowing, method of flow regulation: Val	ve NA Other (de	escribe)	
Static Water Level: 45 feet ab	ove or below kircle one) la	and surface Date measured:	6126/01
Method of Measurement (circle one) sto	eel tape electric tape	air line other:	
Hole depth: 186 FT Well dep	th: 186 FT	Well grouted to a depth of	IO feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length:feet	g diameter:	_inches Type of casing:	PVC
Screen length: 10 feet Scree	en diameter:	_inches Type of screen:	PUCS
Screen slot size:	Setting depth: From	176feet to	l &C 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 tele	scoped or more than one scree	en, describe on back of page
Logs run (circle all applicable). No log run	Blectric Gamma Ray	Density Sonic Neutron C	Other:
Name of organization running log(s):	la		
I certify that the well was drilled, constru	icted, and completed in ac	cordance with all applicable r	equirements of the Mississippi
Department of Environmental Quality ar	nd/or the Mississippi Depa	artment of Health regulations	and state laws.
Jack Ridgdell O-	472		Ribslee
Print Name of Water Well Contractor and L	icense No.	Signature of V	Vater Well Contractor

State Well Report

For Office Use Only:

If well telescopes please	sketch b	below and	show depths.
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Ground Level				
		i		

Description of Formations Encountered	From	TPO
Drangeciay	$-\downarrow$	ĬΛ
prince coarse said	148	99
Prown Coarse Sand	60	JUK
Blip.Clay	145	150
Grav Coarse Sand	150	160
Blue Clay	169	174
Gray Coarse Sand	174	186
	- 	
		
		
		

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

Sketch the property layout and include the following: 1) the well loca aid in locating the well; 3) any roads, power lines, or of 4) indicate direction.	ntion; 2) any permanent structures on ther items that may aid in locating the	the property that may e property and the well;
	ATAWAA Rii	
Let po	Hury 614	Pagore &
Landowner Name: Kelly Bytcl		Shop]

Signature of Water Well Contractor

Lewis Printing - Pascagoula, MS

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #:	H216	
Elevation: _		

Driller OST WOTER WELLSRV Date completed: 10/25/13	P.O. I Jackson, M (601	Box 10631 MS 39289-0631) 961-5210 54-6938 (fax) Well #:		
This report should be prepared by the installation of pump.	ne pump installer in deta	uil and filed with the Department within 30 days of the		
Well Owner Informat	ion	Well Location		
Owner Name: KILLY BY TO		Latitude: 30°37′43.44″ Longitude 088°25′33.30″		
Mailing Address: Hwy lell	<u> </u>	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 NW 1/4 Sec 7 Twn 755 Rng R W R YW Distance Direction Nearest Town		
Telephone No. (208) 588 - 3230		4 Miles 5E of Hurley		
		Power Type		
Pump Type Circle one		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: 2 HP		
Date Pump Installed: 10/26//2		Setting Depth: 60FT. Drop Pipe feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of Measuring Water Level		
Date Well Tested: 10 26/12		Circle one		
Static Water Level (A): 45 Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): NA Feet	Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: NA Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate: 12 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		

HEREBY CERTIFY that the above statements are true to the best of	my knowledge Imp Right	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	- 134; CUM