State W	ell Report			
	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	nd Water Resources Box 10631	Well #: <u>J-393</u>		
Driller: COUST WUTEP VCCI SNO Jackson, M	IS 39289-0631	L. S. Elevation:		
	961-5210 4-6938 (fax)	E-log #:		
	L			
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 Stephanie Broussard	Latitude: <u>30. 33</u> , 09	" Longitude: 088 46,509"		
Mailing Address: Ramsey Oaks DR.	O 4 Method of Lat/Long (circle one	50		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Vancleave MS 39565 City State Zip Code	NE 1/4 5W 1/4 Sec 3	Twn <b>T4</b> S Rng <b><i>R8</i><sup>(1)</sup></b>		
	Distance Direction	Nearest Town		
Telephone No. 28 697 - 0020	51/2 Miles West o	of Vanclear		
Well	Data			
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 12-23-05 Date well drilling completed: 12-23-05				
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 152' Well depth: 152' Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 142 feet Casing diameter:	inches Type of casing:	puc		
Screen length: <u>10</u> feet Screen diameter: <u>2</u>	_inches Type of screen:	<u>pvc</u>		
Screen slot size:				
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): 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.				
Jack Ridgdell 0-472 Jave Raydu				
Print Name of Water Well Contractor and License No.				

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JAN 1 9 2006 BY: OLWR

## J-393

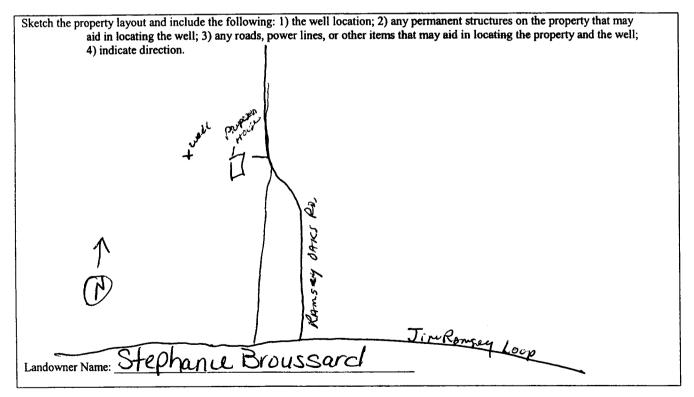
If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered Top Soil Orange Clay Brown Course Sand	From To
Brown Coarse Sand	32 152

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



Signature of Water Well Contractor

JAN 1 9 2006 BY: OLWR

STATE WELL REPORT				
County: <u>JACKSON</u> Permit #: Driller: <u>COASHWAHER Well</u> SRV Date completed: <u>12-273-05</u>	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:	
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 Owner Informat Owner Name: <u>Stephanie Brou</u> Mailing Address: <u>Ramsey</u> <u>Vancleave Ms</u> City State Telephone No. <u>238</u> 697 - 00	<u>SSard</u> OAKSDR. 39565 Zip Code	Latitude: 30° 33′069′′′ Ø9 Method of Lat/Long (circle on USGS quad, Hand	-held GPS, Survey-grade GPS Twn 765 Rng <i>R8</i> W Nearest Town	
Pump Type Circle one			<b>ver Type</b> rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (	specify):	
Other (specify): Date Pump Installed: Rated Pump Capacity:9	and the fact that the second second	Horse Power Rating of Motor: Setting Depth: <u>40FT.</u> <u>br</u> Number of Stages:Z	OP PIPE feet	
Pump Test Data	<u></u>		asuring Water Level	
Pumping Water Level (B): <u>NA</u> Feet I Drawdown [(B) – (A)]: <u>NA</u> Feet	Below Land Surface Below Land Surface Below Land Surface Gallons Per Minute	Air Line Electric Meas Other (specify): For flowing well, measured sh Well yielded9	ut in head: <u>N/A</u> feet	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Ben Ridgdell 0-713P</u> <u>Bun Ridgdell</u> Print Name of Pump Installer and License No. (if applicable) <u>Ben Ridgdell</u> <u>Bun Ridgdell</u> Signature of Pump Installer				

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