State W	ell Report	
P TOUKSON P	Part 1	For Office Use Only:
Mississippi Departmen	t of Environmental Quality	Aquifer:
	and Water Resources Box 10631	Well #: <u>J-446</u>
Driller: Wast Watty Wallsey. Jackson, N	IS 39289-063 1	L. S. Elevation:
	961-5210 4-6938 (fax)	E-log #:
(001)55	4-0930 (IAN)	
State Law requires that this report be prepared by the	driller in detail and filed w	vith the Department within
30 days of completion of drilling of the well. Well Owner Information	Wel	Location
Owner Name AMERICAN HOMES	Latitude: <u>30 • 33 95</u>	[" Longitude: 08 % 46 . 570,
Mailing Address: RAMSEY Daks Rd.	Method of Lat/Long (circle or	ne): Conventional Survey, 34
Lot 12	USGS quad, Hand-held	GPS, Survey-grade GPS
Nancleave MS 39545 City State Zip Code	56 1/4 NW 1/4 Sec 3	Twn T6 S Rng ROW
City State Zip Code Telephone No. (228)	Distance Direction	Nearest Town
·		
Well I		
Purpose of Well (circle one) Home Industrial Public Supply	-	Other:
Date well drilling started: = Date v		
If flowing, method of flow regulation: Valve <u>VIA</u> Other (d	escribe)	
Static Water Level:feet above or below [circle one) I	and surface Date measured:	11-22-06
Method of Measurement (circle one) steel tape electric tape		
Hole depth: 145 Well depth: 145	Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 135 feet Casing diameter: 4	inches Type of casing:	ONC.
Screen length:		DVC
<u>(</u> <u>-</u>	inches Type of screen:	
Screen slot size: CCS inches Setting depth: From	feet to	feet
Type of completion (circle all applicable): Gravel packed Under Other (describe):	reamed Telescoped Open	hole (Natural Development)
	escoped or more than one scre	
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron (Other:
Name of organization running log(s): NIH I certify that the well was drilled, constructed, and completed in a	coordance with all analizable	noninamento of the http://
Department of Environmental Quality and/or the Mississippi Dep		
Jack Ridadell C-472	Jack.	Refuger BECEIVED
Print Name of Water Well Contractor and License No.	Signature of V	Water Well Contracton Fr 2 1 2006
	V	

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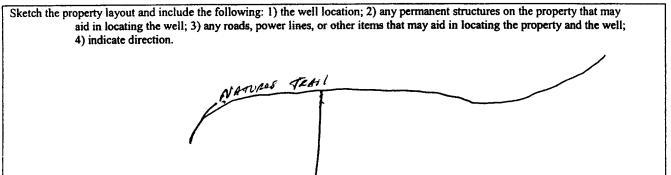
D_1 .	BY:	OLW	R
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J-446

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	То
	TOD SOLL	0	2
	Orange clay Brown coarse sand Orange clay Brown coarse sand orange clay Brown coarse sand Brown coarse sand	2 18 38 90 108	18 30 38 90 10 5

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



Landowner Name: American Homes Signature of Water Well Contractor BY: OLWE

County: JACKSON	Pump Installer's		For Office Use Only	;
Permit #: Driller. CalSt Water Well SRV Date completed: <u>11-33-06</u>	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)		$\frac{Y}{Well #: J - UU}$ Elevation:	
This report should be prepared by t installation of pump.	he pump installer in detail	and filed with the Depa	artment within 30 days of the	·····
Well Owner Informa		2002210	Well Location	
Owner Name: AMerican Hon		•	57" Longitude: <u>088°46'</u>	Зľ
Mailing Address: Ramsey Dak			cle one): Conventional Survey,	D 0
Vancleave N	\$ 29515		Hand-held GPS, Survey-grade Gi c_3Twn_ <u>V6.5</u> _ Rng <i>R</i> B	
City State	Zip Code		ion Nearest Town	
Telephone No. <u>228, 818 - 289(</u>			of Voncleave	
Ритр Туре		<u> </u>	Power Type	
Circle one	Submersible	Diesel Engine G	Circle one asoline Engine Natural (
Bucket Piston			and Tractor P	
Centrifugal Rotary	Flowing Well		ther (specify):	
Other (specify):		Horse Power Rating of M		
	0	A -	.drop pipe feet	
Rated Pump Capacity:/O	_Gallons Per Minute	Number of Stages:	14	
Pump Test Data		Method o	f Measuring Water Level Circle one	
Date Well Tested: $1 - 29 - 04$		Air Line Electric	Measuring Line Steel Tape	
	t Below Land Surface			
Pumping Water Level (B): $\frac{N}{M}$ Feet	Below Land Surface			
Drawdown [(B) – (A)]: N/A Feel				eet
Test Pumping Rate: <u>13</u> Duration of Pump Test (minimum 4 hours)	,		GPM with a drawdown of ter NIR hours of pump	
I HEREBY CERTIFY that the above stater	nents are true to the best of		M. RFC	FJ'
JOHN EIKINS 0-716 Print Name of Pump Installer and License 1		Signature of Pur	np Installer DEC	P .
		/	BY:	\cap

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