Part 1   Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631   Jackson, MS 39289-0631   (601) 961-5210   (601) 961-5210   (601) 961-5210   (601) 961-5210   (601) 961-6038   fax)      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   Latitude: 30 * 31 * 734 * Longitude 088 * 40 * 884 * Mailing Address: 0308 BILLET AGE DR.   Method of Lav/Long (circle one): Conventional Survey, 47   Method of Lav/Long (circle one): Conventional Survey, 47   Method of Lav/Long (circle one): Conventional Survey, 49   Method of Lav/Long (circle one): Conventional Survey, 40   Method of Lav/Long (circle one): Conventional Survey, 49   Method of Lav/Long (circle one): Conventional Survey, 40   Method of Lav/Long (circle one): Conventional S		State W	'ell Report	For Office Use Only:	
Permit # Onlice ODES   Walter Well Sev.   Date drilling completed:   Date   Dat	COUNTY TOCKSON	_			
Date drilling completed: U - 10 - 08  State Law requires that this report be prepared by the drillier in detail and filed with the Department within 30 days of completion of drilling of the well.  Well Owner Information  Well Owner Information  Owner Name A Za   Ca   Homes  Mailing Address:   0308   Bluer age   DR.    Well Date   Method of LavLong (circle one): Conventional Survey, Method of LavLong (circle one): Conventional Survey, Well Date  Telephone No. (   000   538 - 594   Greet above of below (circle one) land surface   Disagnee   Direction   Nearest Town    Date well drilling started:         0 - 08   Date well drilling completed:     0 - 08    Method of Measurement (circle one) steel tape   electric tape   air line   other:    Type of grout (circle one): Cement   Bentonite   Mix   Mi		Mississippi Departmen	t of Environmental Quality	Aquifer:	
Date drilling completed: \$\begin{array}{c} 1 - 0 - 0 \\ 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.  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  Owner Name A Zalea Homes  Mailing Address: 0308 bluer rage DR.  Mailing Address: 0308 bluer rage DR.  Method of LavLong (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS  Now Now Now Sec. 15 Twn T65 Rng. RB W  Distance Direction Negrest Town  Well Data  Purpose of Well (circle one) Homs Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started: 0 - 08 Date well drilling completed: 0 - 10 - 08  If flowing, method of flow regulation: Valve MA Other (describe)  Static Water Level: B feet above of (below) (circle one) land surface Date measured: 0 - 10 - 08  Method of Measurement (circle one) steel tape electric tape air line other:  Well grouted to a depth of feet  Type of grout (circle one): Cement Bentonite Mix  Casing length: 350 feet Casing diameter: A inches Type of casing: DVC  Screen length: 10 feet Screen diameter: A inches Type of screen: DVC  Screen slot size: 004 inches Setting depth: From 350 feet to 300 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: N A 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 feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): No log run Electric day of the Mississippi Department of Health regulations and state law.	^			Well #:	
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 Owner Name A Z A I CO HOMES  Mailing Address: 10308 BILLER AGE DR.  Method of Lat/Long (circle one): Conventional Survey, USGS quad (Hand-held GPS, Survey-grade GPS Disagnes Direction of Latitude: 30 ° 31 · 734 ° Longitude CSS ° 40 ° SSA ° 4				L. S. Elevation:	
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 Owner Information  Owner Name A 7 a   CO   HOMES   Mailing Address:   O308   Bluer age   DR   Method of LavLong (circle one): Conventional Survey, 47  Method of PavLong (circle one): Conventional Survey, 47  Method of PavLong (circle one): Conventional Survey, 47  Method of LavLong (circle One): Conventional Survey, 47	Date drilling completed: 0-10-08			E-log #:	
Well Owner Information  Owner Name A ZAICA HOMES  Mailing Address: 0308 bluer age. DR.  Method of Lat/Long (circle one): Conventional Survey. The Method of Lat/Long (circle one): Conventiona		,			
Address:   DaoS Bluer age   DR.    Method of Lav/Long (circle one): Conventional Survey,   Y9    Method of Lav/Long (circle	30 days of completion of drilling	of the well.			
Mailing Address: 10308 BURT AGR. DR.  Well Data  Well Data  Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started: 10-0-8 Date well drilling completed: 10-0-8  If flowing, method of flow regulation: Valve MA Other (describe)  Static Water Level: 6 feet above o (beloy) (circle one) land surface Date measured: 10-0-8  Method of Measurement (circle one) steel tape electric tape air line other:  Type of grout (circle one): Cernent Bentonite Mix  Casing length: 350 feet Casing diameter: 2 inches Type of screen: DNC  Screen length: 10 feet Screen diameter: 3 inches Type of screen: DNC  Screen slot size: 004 inches Setting depth: From 350 feet to 3100 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): N A certified and setting the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
USGS quad Hand-held GPS. Survey-grade GPS    Amulcale MS 39565   Zip Code			14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Telephone No. (60) 538 - 5910   Well Data  Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started:	Mailing Address: 10308 Bluer age DR.		Method of Lat/Long (circle one): Conventional Survey,		
Telephone No. (601) 5 28 - 59 69  Well Data  Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started:					
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started:	Janoleave, M.	5 39505 te Zip Code	NW1/2 NW1/4 Sec 15 Twn T65 Rng R8W		
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started:	Telephone No. ( <u>(00)</u> <u>5</u> <u>28</u> – <u>5</u> 9	169	Distance Direction  5/2 Miles West	Nearest Town of VANILEAUSE	
Date well drilling started:		Weil I	Data		
Static Water Level:	Purpose of Well (circle one Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Static Water Level:	Date well drilling started:	) - 08 Date w	vell drilling completed:	-10-08	
Method of Measurement (circle one) steel tape electric tape air line other:  Hole depth: 360 Well depth: 300 Well grouted to a depth of	If flowing, method of flow regulation: Valve N/A Other (describe)				
Hole depth: 300 Well depth: 300 Well grouted to a depth of	Static Water Level:feet above of below (circle one) land surface Date measured:				
Type of grout (circle one): Cement Bentonite Mix  Casing length: 350 feet Casing diameter:	Method of Measurement (circle one) steel tape electric tape air line other:				
Casing length: 350 feet Casing diameter:	Hole depth: 360' Well depth: 360' Well grouted to a depth of 10 feet				
Screen length:	Type of grout (circle one): Cement	Bentonite Mix			
Screen slot size:e OO \( \) inches Setting depth: From350feet to300feet  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	Casing length: 350 feet Casing diameter: 3 inches Type of casing: DVC				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  Other (describe):  Top of lap pipe or reduction in casing:  No log run  Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):  Name of organization running log(s):  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.					
Other (describe):  Top of lap pipe or reduction in casing:  No log run  Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):  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.	Screen slot size: <u>e 004</u> inches Setting depth: From <u>350</u> feet to <u>360</u> feet				
Top of lap pipe or reduction in casing: No log run 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): No log run Electric Gamma Ray Density Sonic Neutron Other:  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.	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
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.	Other (describe):				
Name of organization running log(s): NAME  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.	Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on back of page				
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.	Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	Name of organization running log(s): N A  I certify that the well was drilled constructed and completed in accordance with all and inches.				
Wich Hayacti O 110					

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

Ground Level	Description of Formations Encountered	From	То
Glouid Level	TOP SOIL	13	农
	Gray medium sand	1/8	400
	Blue Clay	1330	761
	Crug Man Sana		
		<del> </del>	_
		-	
			<del></del> .
If more than one screen, show location of each on sketch			
ketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, 4) indicate direction.	l location; 2) any permanent structures on the property the or other items that may aid in locating the property and the	at may he well;	
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xued Blue pioge &			
/x har / Blo			
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O	l a		
	1 E		
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	Ridged pure les		
	$ \mathscr{S} $		

Signature of Water Well Controctor

Azalea Homes

If well telescopes please sketch below and show depths.

**RECEIVED** 

JUL 0 3 2008

BY: OLWR

## STATE WELL REPORT

## 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 #: _	J-	504		
Elevation:				

Date completed: 10-10-08			4-6938 (fax)	Elevation:		
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 Information	ion	Т	Well	Location		
Owner Name: Azalea Homes			Latitude 30° 31′ 734″ Longitude: 088° 46′822′′			
Mailing Address: 10008 Bluer	•		Method of Lat/Long (circle one): Conventional Survey,			
		Ì	USGS quad, Hand-held GPS, Survey-grade GPS			
Vancleave M City State	15 39565 Zin Code		NW1/2 NW 1/4 Sec 15 Twn T65 Rng R8W			
City State	Zip Code	1	Distance Direction Nearest Town			
Telephone No. (601)538 - 5969			5/2 Miles WEST of Vancheme			
Pump Type	Pump Type Power Type					
Circle one			Cir	rcle one		
Air Lift Jet	Submersible		Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston	Turbine	1	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	1	Windmill Other (s	specify):		
Other (specify):			Horse Power Rating of Motor:			
Date Pump Installed: 6-37-08			Setting Depth: 100 FT, Droppipe feet			
Rated Pump Capacity: 615	Gallons Per Minute		Number of Stages:	2		
Pump Test Data Method of Measuring Water Level						
		1	Circle one			
Date Well Tested: 0-2			Air Line Electric Meas	uring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface			Other (specify):			
Pumping Water Level (B): NA Feet Below Land Surface				<b>.</b>		
Drawdown [(B) – (A)]:Feet Below Land Surface			For flowing well, measured shut in head:N/Afeet			
Test Pumping Rate: Gallons Per Minute			Well yielded 23GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 4/2hours			NA feet after	N/A hours of pumping		
J HEREBY CERTIFY that the above staten	nents are true to the best	t of	my knowledge.			

JOHN EIKINS O-716P Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

JUL 0 3 2008

BY: OLWR