State W/	ell Report					
	For Office Use Only:					
	of Environmental Quality Aquifer:					
Permit #: Office of Land an	nd Water Resources					
	ox 10631					
Jackson, Mi	S 39289-0631 L. S. Elevation:					
Date drilling completed: <u>UU 3 708</u> (601) 354	E-log #:					
State Law requires that this report be prepared by the of 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					
Weil Owner Information	Well Location					
	Latitude: $30^{\circ}30'' 4'''$ Longitude: $08^{\circ}44'' 694'''$					
Mailing Address: 8000 Southern Bay LANE	Method of Lat/Long (circle one): Conventional Survey, 92					
	USGS quad, Hand-held GPS Survey-grade GPS					
Vancleave Ms 39565 City State Zip Code	NE 1/4 SLJ 1/4 Sec 24 TWN 765 Rng RBW					
Telephone No. (328 348 - 101)	Distance Direction Nearest Town <u>3/2</u> Miles <u>500</u> of <u>VANCLEAUE</u>					
Well D	ata					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: D-8-08 Date we	ell drilling completed:					
If flowing, method of flow regulation: Valve N/A Other (de	scribe)					
Static Water Level:feet above or below circle one) la						
Method of Measurement (circle one) steel tape electric tape (air line) other:						
Hole depth: 300FT Well depth: 360 FT	Well grouted to a depth offeet					
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 350 feet Casing diameter: 2 inches Type of casing: PVC						
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC						
Screen slot size: . OCH inches Setting depth: From 350 feet to 360 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 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						
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 Kidgdell 0-4-12 Jack Rid Ker						
Print Name of Water Well Contractor and License No.						
RECEIVED						

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OCT 2 3 2008 BY: OLWR

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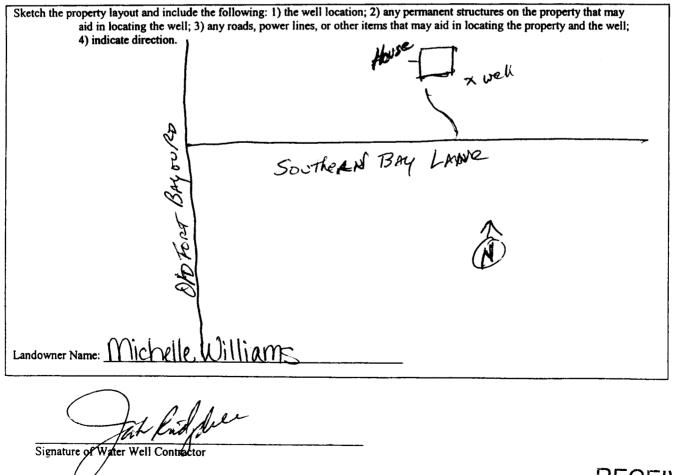
If well telescopes please sketch below and show depths.

Ground Level

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/el	Description of Formations Encountered	From To
	TOP SOIL	03
	orangeclay	- 3 18
	white coarse, Sand	- 10 25
· · · · · · · · · · · · · · · · · · ·	Blueclay	
	Gray Malium Sand	$-\frac{103}{16}$
	Blue Clay	- 22/2/1
	Gray medium Sand	-partae
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	······································	<u>-</u>
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	······	<b> </b>

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



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STATE WELL REPORT							
County: Jackson_ Permit #: Drille: Dast Water well Date completed: 10-8-08 SRV	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)		Aquifer: Well #: 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 Owner Name: Michelle Williams Mailing Address: 8000 Southern Bay LN. Vancleave Ms 39565 City State Zip Code Telephone No. 208 348-101		Well LocationLatitude: $30^{\circ}30'474''$ Longitude: $088'44'694''$ Method of Lat/Long (circle one): Conventional Survey,USGS quad, Hand-held GPS Survey-grade GPS $NE_{14}5iW_{14}$ Sec $324'_{24}$ Twn T 65 Rng $RSW$ Distance Direction Nearest Town $3//2_{24}$ Miles $SW_{24}$ of $Vancleare$					
Pump Type Circle one			Power Type Circle one				
Air Lift Jet	Submersible	Diesel Engine Gasoli	ine Engine	Natural Gas			
Bucket Piston	Turbine (	Electric Motor Hand		Tractor PTO			
Centrifugal  Rotary    Other (specify):	Flowing Well	Windmill Other Horse Power Rating of Moto Setting Depth: ADT, Number of Stages:	Droppipa				
	······································						
Pumping Water Level (B): NA Feet	Below Land Surface Below Land Surface Below Land Surface Gallons Per Minute 5!/2 hours	Atr Line Electric Me	GPM with a dra	Steel Tape			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. John ElKins 0-716P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIVED							

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