St	ate Well Report		
	Part 1	For Office Use Only:	
County: Jackson Minimi Da	partment of Environmental Quality	Aquifer:	
Permit #: Office of	of Land and Water Resources	Well #: J- 5/9	
And the base of the office of	P.O. Box 10631	Well #:	
Drille Dast Water WellsRy.	ckson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 1-23-09	(601) 961-5210		
	(601) 354-6938 (fax)	E-log #:	
		ith the Dependence trithin	
State Law requires that this report be prepare 30 days of completion of drilling of the well.			
Well Owner Information		Location	
Owner Name Vince Doudy	Latitude: <u>30 • 31 • 397</u>	" Longitude 88.45.17B, ne): Conventional Survey,	
Mailing Address: Seaman Rd.	Method of Lat/Long (circle or	ne): Conventional Survey,	
		GPS, Survey-grade GPS	
Varcleave Ms 3956 City State Zip Cox	<u><u>S</u> <u>SE 1/4 NE 1/4 Sec 14</u></u>	Twn TOS Rng R8W	
Telephone No. 208) 860-9605		Nearest Town of <u>VAncleane</u>	
	Well Data		
Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 1-21-09 Date well drilling completed: 1-22-09			
1 · · · · · · · · · · · · · · · · · · ·			
If flowing, method of flow regulation: Valve NA			
Static Water Level:feet above or below (cir			
Hole depth: <u>419 FT</u> Well depth: <u>419 F</u>	- Well grouted to a depth of	feet	
Type of grout (circle one): Cement Bentonite	Mix		
Casing length: <u>Casing diameter</u> :	$\hat{\mathbf{a}}$		
Screen length:feet Screen diameter:	inches Type of screen:	PVC	
Screen slot size: <u>. O()</u> inches Setting depth	: From <u>409</u> feet to <u>4</u>	feet	
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped Open	hole (Natural Development)	
Other (describe	e):		
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scre	een, describe on back of page	
Logs run (circle all applicable). No log run Electric Gau	mma Ray Density Sonic Neutron	Other:	
Name of organization running log(s): NA I certify that the well was drilled, constructed, and comp	leted in accordance with all applicable	requirements of the Mississippi	
Department of Environmental Quality and/or the Missis			
Tack Ridatell 0-477		Reldiel	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contester CEIVED	
	-	PEB 1 3 2009	
		BY: OLWR	

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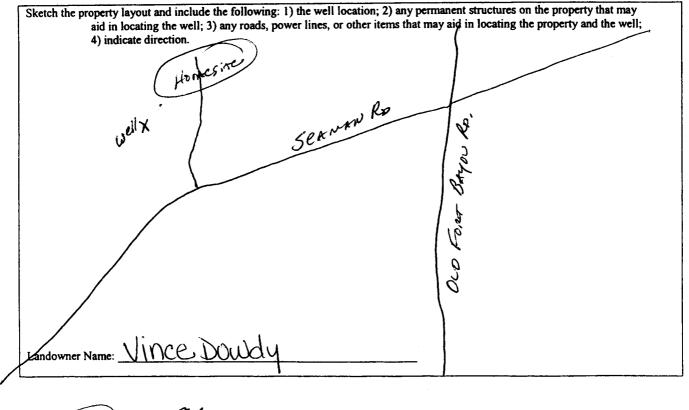
J- 519

If well telescopes please sketch below and show depths.

Ground Leve

vel	Description of Formations Encountered	From To
	Top Soil prange and White Clay prange coarse Sand prange and Blue Clay prange Coarse Sand Blue Clay Sray Medium to Coarse Sa	0 2 18 70 10 141 19 171 19 171 171 371

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



fell Signature of Water Well Contractor

RECEIVED FEB 1 3 2009 BY: OLWR

	STATE WI	ELL REPORT	
County: Jackson Permit #: Drillef: COSH WATER WELLSRV Date completed: This report should be prepared by	Pump Installer ³ Mississippi Departmer Office of Land P.O.J Jackson, M (601) (601) 3	art 2 s Completion Report at of Environmental Qual and Water Resources Box 10631 AS 39289-0631) 961-5210 54-6938 (fax) at and filed with the De	Well #:
installation of pump.			
Well Owner Inform Owner Name: VINCE DOUBY Mailing Address: Seaman F <u>Vancleave</u> M City State	<u>15 39565</u> Zip Code	Method of Lat/Long (or USGS quad $5E_{4}$ <u>NE</u> 4 s Distance Dire	Well Location Q3. & Longitude: <u>085' 45' 10.38</u> Fircle one): Conventional Survey, Hand-held GPS, Survey-grade GPS Sec_ <u>14</u> _Twn_ <u>T65</u> Rng_ <u>R8W</u> ction Nearest Town <u>854</u> of <u>VANCLEAVE</u>
Ритр Туре		I	Power Type
Circle one			Circle one
Air Lift Jet	Submersible		Gasoline Engine Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand Tractor PTO
Centrifugal Rotary Other (specify):	Flowing Well /2 Gallons Per Minute		Other (specify): f Motor: <u>2</u> HP <u>T. Drop Pipe</u> , feet <u>3</u>
Pumping Water Level (B): <u>N/A</u> Fe	et Below Land Surface et Below Land Surface et Below Land Surface et Below Land Surface	Air Line Elect Other (specify):	t of Measuring Water Level Circle one ric Measuring Line Steel Tape sured shut in head: <u>NA</u> feet
Test Pumping Rate:/0.5	,		○GPM with a drawdown of afterA hours of pumping
I HEREBY CERTIFY that the above stat Jack Ridgdell 0-47 Print Name of Pump Installer and License	<u>ک</u>	- Jack	Pump Installer Lewis Printing - Pascagoula, MS

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