State W	ell Report [For Office Hee Only				
County Tackson Pa	art 1	For Office Use Only:				
Mississippi Department	of Environmental Quality	Aquifer:				
	nd Water Resources ox 10631	Well #:				
	S 39289-0631	L. S. Elevation:				
Date drilling completed (~ 18-0) (601)	961-5210					
(601) 35-	4-6938 (fax)	E-log #:				
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		Location				
Owner Name Anthony Ferguson	Latitude: 30 · 31 · 730	" Longitude: <u>CSS 52 SSJ "</u> e): Conventional Survey,				
Mailing Address: 16565 Allie Byrd Rd.	Method of Lat/Long (circle on	e): Conventional Survey,				
	USGS quad, Hand-held	GPS Survey-grade GPS				
Ocean Springs, Ms 395/15 City State Zip Code	1/4 N W 1/4 Sec 15	Twn T6 5 Rng R 7 W				
Telephone No. 2018 396 - 5074	Distance Direction Miles Month	Nearest Town of Ocean Spaines				
Well I	Data					
Purpose of Well (circle one) Home Industrial Public Supply		Other:				
Date well drilling started: 6-16-69 Date well drilling completed: 6-18-69						
If flowing, method of flow regulation: ValveOther (d	escribe)					
Static Water Level:feet above of below circle one) land surface Date measured:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 335 FT. Well depth: 335 FT. Well grouted to a depth of						
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 315 feet Casing diameter:	inches Type of casing:					
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC						
Screen slot size: 1008 inches Setting depth: From 315 feet to 335 feet						
		hole Natural Development				
./						
Top of lap pipe or reduction in casing: feet. If tel	escoped or more than one scre	en, 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): 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.						
Jack Ridgdell 0-4-12	Jack	Refler				
		U				

Print Name of Water Well Contractor and License No.

JUL 0 2 2009

Signature of Water Well Contra RECEIVED

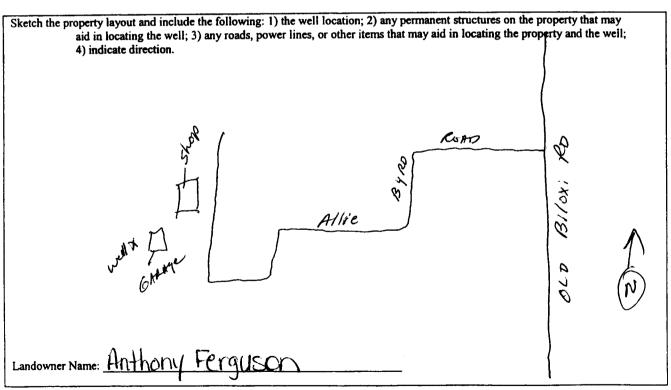
BY: OLWR

If well to	elescopes p	lease	sketch	helow	and	show	depths.
II WEN H	PIESCODES O	ICANC.	2K CICH	UCIUM	шu	3110 11	achain.

Ground Level	

Description of Formations Encountered	From	То
TADSVI	O	2
pratyeclay wistreaks of Sand Brown Course Sand	a	85
Brown Charse Sand	85	105
Blue Clay	105	11a
Brown Charse, Sand	7/2	135
Blue clay W/Streaks of Sand	1.35	255
Gray Cook & Sand	255	247
Blue clay W/Streaks of Sand	367	299
Should arce Sand	299	322
Gray Craise Styri		سر
	 	
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

RECEIVED

JUL 0 2 2009

BY: OLWR

STATE WELL REPORT Part 2 For Office Use Only: County: Jackson **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Permit # P.O. Box 10631 J524 Well #: Jackson, MS 39289-0631 (601) 961-5210 Elevation: (601) 354-6938 (fax) 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 Location Well Owner Information 100 Longitude: <u>088°50</u> Method of Lat/Long (circle one): Conventional Survey, Mailing Address: 14 USGS quad, Hand-held GPS Survey-grade GPS NW1/ Sec 13 Twn 765 Rng R9W Nearest Town Distance Direction Miles NOWH of OceAN SORINGS Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine let Submersible Diesel Engine Air Lift Tractor PTO Hand Electric Motor Piston Turbine Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one -23-09 Date Well Tested: Steel Tape Air Line Electric Measuring Line Static Water Level (A): Feet Below Land Surface Other (specify): Feet Below Land Surface Pumping Water Level (B): For flowing well, measured shut in head: Drawdown [(B) - (A)]: Feet Below Land Surface GPM with a drawdown of **Gallons Per Minute** Well yielded Test Pumping Rate: Duration of Pump Test (minimum 4 hours): hours of pumping

Print Name of Pump Installer and License No. (if applicable)

HEREBY CERTIFY that the above statements are true to the best of my knowledge:

| Continue |

JUL 0 2 2009