County: Jackson Permit #: Driller (2003) Water WellSRV. Date drilling completed: 4-18-12 State Law requires that this rep 30 days of completion of drilling Well Owner Information Owner Name Tiffany Blake	Pa Mississippi Department Office of Land ar P.O. B Jackson, Mi (601) (601) 354 ort be prepared by the of of the well. ation Mark Fountain Blars	Well Latitude: <u>30 • 31 • 45.0</u>	Location Longitude:088 • 44 • 41.12 21
Mailing Address: Julias Gr Vancleave, M City Sta Telephone No. 008) 860-943	<u>15 39565</u> ite Zip Code	<u>MW 4 NE 4 Sec 13</u> Distance Direction <u>Miles</u> <u>WEST</u>	GPS, Survey-grade GPS Twn \underline{f}_{6}^{C} S Rng \underline{f}_{9}^{C} Nearest Town
Purpose of Well (circle one) Home Inc Date well drilling started:	Date w NA Other (de bove or below) circle one) la teel tape electric tape pth: $49(e FT)$	ell drilling completed: escribe) and surface Date measured: air line other: Well grouted to a depth of	4 8 2 feet
Screen length: <u>feet</u> Screen Screen slot size: <u>COU</u> inches Type of completion (circle all applicable): Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log ru	een diameter: Setting depth: From Gravel packed Underr Other (describe): N/A feet. If tele	_inches Type of screen:	PVC
Department of Environmental Quality a <u>Tock</u> , <u>Kidgdell</u> O-1 Print Name of Water Well Contractor and	and/or the Mississippi Dep 472	artment of Health regulations	• ••

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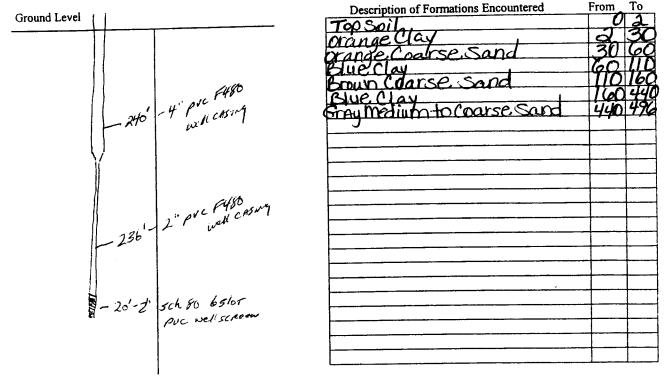
Lewis Printing Pascagoula, MS

BY: OLWR

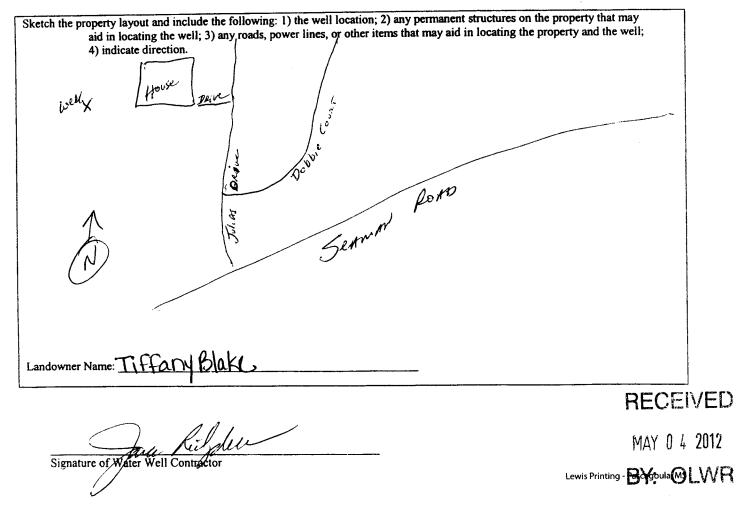
If well telescopes please sketch below and show depths.

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



	STATE WI	ELL REPORT		
county: Jackson	Pump Installer' Mississippi Departmen	art 2 s Completion Report at of Environmental Quality	For Office Use Only: Aquifer:	
Permit #: DrilleCOST WATER WELLSRV.	Office of Land P.O.	and Water Resources Box 10631	Well #: J564	
Drillek <u>COST WITTER WELL</u> DAV. Date completed: <u>4-18-12</u>	Jackson, MS 39289-0631 (601) 961-5210		Elevation:	
		54-6938 (fax)		
This report should be prepared by t installation of pump.			ll Location	
Well Owner Informa Owner Name: Tiffan Blake/Ma	tion	1		
Owner Name: Titon JURO /114	<u>ur Fouritaur</u>) Dia	4		
Mailing Address: JUILAS OF	Julia's Grove		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS	
Vancionia Me	2954.5		$\frac{1}{2} \operatorname{Twn} \frac{765}{765} \operatorname{Rng} \mathcal{RS} \frac{8}{100}$	
Vancleaver MS City State	Zip Code		Nearest Town	
100.01-0 Allor		Distance Direction $\underline{3}$ Miles \underline{West} of		
Telephone No. (<u>228)</u> 860-9425				
Pump Type Circle one	· · · · · · · · · · · · · · · · · · ·		wer Type Fircle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor	<u>. HP</u>	
Date Pump Installed: 4-19-12		Setting Depth: 160 FT. D	rop Pipe feet	
Rated Pump Capacity:/ C	Gallons Per Minute	Number of Stages:2		
Pump Test Data			easuring Water Level	
Date Well Tested: 4-19-12			Sircle one	
Static Water Level (A):Fee	t Below Land Surface		asuring Line Steel Tape	
Pumping Water Level (B): NA Feet	Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: N/A Fee	t Below Land Surface	For flowing well, measured si	hut in head: <u>N/A</u> feet	
Test Pumping Rate:	_Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours)): <u>6</u> hours	NA_feet after_	NA hours of pumping	
I HEREBY CERTIFY that the above state		of my knowledge.	RECEN	
J HEREBY CERTIFY that the above states Jack Ridgdell 0-4 Print Name of Pump Installer and License	-12-	of my knowledge.	Ritjan	

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