T 1	ort 1	For Office Use Only:		
Country M I I M T T (A )	Part 1 Mississippi Department of Environmental Quality			
Permit #: Office of Land a	nd Water Resources	Aquifer:		
Assolution lower policies. P.O. B.	lox 10631	Weil #:		
Drillet (1) Jackson, M	S 39289-0631	L. S. Elevation:		
	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	Well	Location		
Owner Name Ian Windium 1 h	Latitude: 30 · 33 · 15.4	& Longitude: <u>088</u> ° <u>46</u> ; <u>31.168</u>		
Mailing Address: 14594 Ramseyake DR.	Method of Lat/Long (circle on	ne): Conventional Survey,		
	USGS quad Hand-held	GPS, Survey-grade GPS		
		Twn T65 Rng RPW		
City State Zip Code  Distance Direction  Elephone No. 208) 307 - 1300		Nearest Town of Navdeaue		
Well I	)ata			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: Date well drilling completed:				
If flowing, method of flow regulation: Valve  Other (describe)				
Static Water Level:feet above releasefeet above releasefeet above releasefeet above releasefeet above release				
Method of Measurement (circle one) steel tape electric tape other:				
Hole depth: Well depth: Well grouted to a depth of O feet				
Type of grout (circle one): Cement Mix				
Casing length: 137 feet Casing diameter: inches Type of casing:				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: • COC inches Setting depth: From 137 feet to 147 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):				
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 Ridodull 0422	a	Rofder		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		

**State Well Report** 

For Office Use Only:

Lewis Printing - Pascagoula, MS

Ground Level		Descriptio	n of Formation	s Encountered	F	rom .	To
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1	TRATE						
If more than one screen, show location o	f each on sketch						
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## STATE WELL REPORT

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## 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:		
Weil #:	J570	
Elevation: _		

Drillet: (15) Well of the		18 39289-0631 ) 961-5210	Well #.		
Date completed:		54-6938 (fax) Elevation:			
	This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the				
This report should be prepared by the installation of pump.	ве ритр пазашег па остя	II and then with the Departm	ent Within 30 days of the		
Well Owner Informa	tion	Well Location			
Owner Name: Ian Wordur	ir.Ho	Latitude: 30°33' 15.48" Longitude: 088" 46'31.68			
Mailing Address: 14594 RAMS	ey Oake DR.	Method of Lat/Long (circle one): Conventional Survey,			
	<b>Y</b>	USGS quad, Hand-held GPS, Survey-grade GPS			
Vanckave, M City State	18 39565	SE 1/2 NW 1/4 Sec 3 Twn 765 Rng R 8 W			
City State	Zip Code	Distance Direction Nearest Town			
Telephone Noc 2837-13	<u>∞</u>	5 Miles WNW of Varreleane			
Pump Type Circle one			ower Type Circle 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: 1 ++-			
Date Pump Installed:		Setting Depth: 40FT. DropPiPCfeet			
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	2		
Pump Test Data Method of Measuring Water Level					
Date Well Tested:			Circle one		
Static Water Level (A): Feet	Below Land Surface	Air Line Electric Me	asuring Line Steel Tape		
Pumping Water Level (B): NA Feet		Other (enecify)			
	Below Land Surface	For flowing well meaning	hut in head: AM Sast		
1		For flowing well, measured shut in head:feet			
Test Pumping Rate:	Gallons Per Minute hours	Well yieldedGPM with a drawdown offeet afterNhours of pumping			

I HEREBY CERTIFY that the above statements are true to the best of r  Tack Ridge (10-47)  Print Name of Pump Installer and License No. (if applicable)	, ,	Rufsler 1 2011
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