County: Jackson		-	For Office Use Only:
County: County	Part 1		
	Mississippi Department of Environmental Quality		Aquifer:
	Office of Land and Water Resources		Well #: J573
Drillet mot Water UKUSKY	P.O. Box 10631		
Date drilling completed: 10/19/12	Jackson, MS 39289-0631 (601) 961-5210		L. S. Elevation:
Date drining completed.	(601) 354-6938 (fax)		E-log #:
State Law requires that this repo 30 days of completion of drilling	rt be prepared by the	driller in detail and filed w	ith the Department within
Well Owner Informat		Wel	Location
owner Name Duncand Kristen Melean		Latitude: <u>30 • 31 • 1894</u> " Longitude( <u>88 • 45 • 50.28</u> "	
Mailing Address: <u>Camblun Lane</u>		Method of Lat/Long (circle one): Conventional Survey,	
			GPS, Survey-grade GPS
Vancleave, MS 37565 City State Zip Code		50 1/2 50 1/4 Sec_ 14 Twn T6 5V Rng R80	
		NW Distance Direction Nearest Town 444 Miles west of Vancheme	
Telephone No. <u>608,238 - 389</u>	1	414 Miles wett	of VAncheme
	Well 1	Data	
Purpose of Well (circle one) (Home) Indu	strial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started:	112 Date v	vell drilling completed:	$)  _{9} _{12}$
If flowing, method of flow regulation: Valv	· . 11		
Static Water Level: 35feet abo	ove of below)(circle one) l	and surface Date measured:	10/19/12
Method of Measurement (circle one) ste	el tape electric tape	air line other:	
Hole depth: <u>170 FT.</u> Well dept	th: 170 FT.	Well grouted to a depth of	10feet
Type of grout (circle one): Cement (	Bentonite Mix		
Casing length: 6 feet Casing	g diameter:	inches Type of casing:	PVC
Screen length:feet Screen	n diameter:	inches Type of screen:	PVC
Screen slot size: <u>• OOC</u> inches	Setting depth: From	60feet to	7 <u>C</u> feet
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):	1. <del>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</del>	
Top of lap pipe or reduction in casing:	N/Afeet. 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): <u>M</u>	<u>  A</u>		
certify that the well was drilled, constru Department of Environmental Quality an			
Tak Pilala a			
KICK NITADIA U-4-	ld l	tau	4 Kitler and

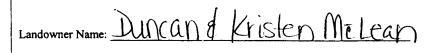
If well telescopes please sketch below and show depths.

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CAMBINA

Ser MAN ROND

X II-How



Signature of Water Well Contractor

NOV 5 5 2012

Lewis Printing, Pascagoula, No.

STATE WELL REPORT						
county: Jackson	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer:			
Permit #: Driller.Ccast Water Well SRV	P.O. Box 10631 Jackson, MS 39289-0631 (601) 961-5210 (601) 354-6938 (fax)		Well #: J573			
Date completed: 10/19/12			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 Informat		Well Location $\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}($				
Owner Name: Duncan & Krister		Latitude: 30°31′18.84″ Longitude: 088°45′50.28″				
Mailing Address: Camblune	Lane.	Method of Lat/Long (circle one): Conventional Survey,				
		USGS quad, Hand-held GPS, Survey-grade GPS				
Vancieave, City State	<u>MS 39565</u> Zip Code	NW	Twn <u><i>T</i></u> G Rng <i>R B W</i> Nearest Town			
Telephone No. (228) 238 - 38	97	4/4 Miles Nest of				
Pump Type Circle one		5 C C C C C C C C C C C C C C C C C C C	ver Type rcle one			
Air Lift (Jet)	Submersible	Diesel Engine Gasolin	e 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:	-			
Date Pump Installed: 10/22/12	•	Setting Depth: 60FT. Drop lipe feet				
Rated Pump Capacity:9	Gallons Per Minute	Number of Stages:2	e			
Pump Test Data		Method of Mea	suring Water Level			
Date Well Tested: 10/23/12			rcle one			
Static Water Level (A): 35 Feet	Below Land Surface	Air Line Electric Meas	uring Line Steel Tape			
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface		Other (specify):				
Drawdown [(B) - (A)]://AFeet	Below Land Surface	For flowing well, measured shu	ut in head: <u>NA</u> feet			
Test Pumping Rate:9	Gallons Per Minute	Well yielded <u>20</u> GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	<u> </u>	NA feet after	NIAhours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jack Nidgall 0-472						
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						

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Evis Printing - Pastagoula MS