Permit #: Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Problem to Environmental Quality Office of Land and Water Resources Well ### Comparison of Compari	State V	Vell Report			
New Permit #. Office of Land and Water Resources P.O. Box 10631 Lakson, M.S. 39289-0631 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-5210 (601)951-6208 (601)951	0 . 1	-	For Office Use Only:		
Driller Cost Water Well State Date drilling completed: 10-19-04 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 Owner Name Two Kirn Wilson Mailing Address: Fairley Rd Well Correction of State Zip Code Telephone No. 288 826 - 4314 Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10-18-04 Date well drilling started: 10-18-04 Date well drilling started: 10-18-04 Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 290' Well depth: 300' Well grouted to a depth of 10 feet Type of grout (circle one): Cement Bentonite Mix Casing length: 310 feet Casing diameter: 41'' inches Type of casing: PVC Screen length: 300 main feet Screen diameter: 41'' inches Type of screen: PVC Screen slot size: 008 inches Setting depth: From 270 feet to 270 feet Top of lap pipe or reduction in casing: NA NA Name of organization running log(s): NA NA Name of organization running log(s): NA Name of organ	Mississippi Departme				
Date drilling completed: 10-19-04 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 Owner Name That the Well Coation Mailing Address: FAIVE A Mailing Address: FAIVE A Mailing Address: FAIVE A Mailing Address: FAIVE A Method of LavLong (circle one): Conventional Survey, 5 a USGS quad. Hand-held GPS) Survey-grade GPS SW SW Direction Negrest Town Negrest Town Negrest Town Well Data Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10-18-04 Date well drilling completed: 10-19-04 If flowing, method of flow regulation: Valve Nell Owner (describe) Static Water Level: 90' feet above on below (circle one) land surface Date measured: 10-20-04 Method of Measurement (circle one) steel tape electric tape air line other: Type of grout (circle one): Cement Bentonite Mix Casing length: A10 feet Casing diameter: 4'' inches Type of casing: PVC Screen length: A10 feet Screen diameter: 4'' inches Type of screen: PVC Screen slot size: 008 inches Setting depth: From 270 feet to 270 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: N/A 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): N/A			Well #: K - + 34 59		
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 Owne			1 '		
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 Owner Name	· · · · · · · · · · · · · · · · · · ·		L. S. Elevation:		
Well Owner Information Well Owner We			E-log #:		
Well Owner Information Owner Name		e driller in detail and filed v	vith the Department within		
Mailing Address: FAIVLEY Rd. Method of Lat/Long (circle one): Conventional Survey, 54 Well Data Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10-18-04 Date well drilling completed: 10-19-04 If flowing, method of flow regulation: Valve NIA Other (describe) Static Water Level: 90' feet above on below (circle one) land surface Date measured: 10-20-04 Method of Measurement (circle one) steel tape electric tape air line other: Type of grout (circle one): Cement Bentonite Mix Casing length: 210 feet Casing diameter: 4'' inches Type of casing: PVC Screen length: 20 feet Screen diameter: 4'' inches Type of screen: PVC Screen lot size: 008 inches Setting depth: From 270 feet to 90 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: Not og run Name of organization running log(s): Not og run Name of organization running log(s): Not og run Name of organization running log(s): Not og run Method of Lat/Long (circle one): Conventional Survey, USGS quad. (Hand-held GPS) Survey-grade GPS Sw Direction Nearest Town USGS quad. (Hand-held GPS) Survey-grade GPS Sw Direction Nearest Town Latter Town Nearest T		Wel	l Location		
USGS quad. (Hand-held GPS) Survey-grade GPS Vancleare MS	Owner Name Tim+ Kim Wilson	Latitude: 30 ° 32 '028	" Longitude <u>088 ° 41 '903 "</u>		
USGS quad. (Hand-held GPS) Survey-grade GPS Vancleare MS		i al	54		
Telephone No. 288 826 - 4314 Well Data Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: Date well drilling completed: Other (describe) Static Water Level: O' feet above on (below) (circle one) land surface Date measured: Type of grout (circle one): Casing length: ATO feet Screen length: Det Casing diameter: Other (describe): Screen lot size: Other (describe): Type of completion (circle all applicable): Other (describe): Top of lap pipe or reduction in casing: NA Well Data Direction Nearest Town Direction Mides Direction Nearest Town Direction Nearest Town Nearest Town Distance Miles Direction Nearest Town Nearest Town Nearest Town Nearest Town Nearest Town Other: Other: Other: Well Data Well Data Purpose of Well (circle one) Hole: Other: Other (describe): 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): NA Name of organization running log(s): NA		USGS quad, Hand-held	i GPS Survey-grade GPS		
Telephone No. 288 826 - 4314 Well Data Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 10-18-04 Date well drilling completed: 10-19-04 If flowing, method of flow regulation: Valve 11/4 Other (describe) Static Water Level: 90' feet above on below) (circle one) land surface Date measured: 10-20-04 Method of Measurement (circle one) steel tape electric tape (air line) other: Hole depth: 30' Well depth: Well grouted to a depth of 10 feet Type of grout (circle one): Cernent Bentonite Mix Casing length: 310 feet Casing diameter: 41' inches Type of casing: PVC Screen length: 30 feet Screen diameter: 41' inches Type of screen: 10-20 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): 50 Other (describe)	Vandeave ms 39565	SF 1/4 8E 1/4 Sec 8	Y Twn 65 Rng 7W		
Miles West of Varieties	City State Zip Code	SW SW			
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:	Telephone No. (228) 826 - 4314	Distance Direction Miles West			
Date well drilling started:	Wel	l Data			
If flowing, method of flow regulation: Valve	Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Static Water Level: 90' feet above on below (circle one) land surface Date measured: 10-20-04 Method of Measurement (circle one) steel tape electric tape air line other:					
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth:	If flowing, method of flow regulation: Valve Other	(describe)			
Hole depth:	Static Water Level: <u>90</u> feet above on below (circle one) land surface Date measured:	10-20-04		
Type of grout (circle one): Cement Bentonite Mix Casing length:	· · · · · · · · · · · · · · · · · · ·				
Casing length:	Hole depth: Well depth: Well grouted to a depth of feet				
Screen length:	Type of grout (circle one): Cement Bentonite Mi	x			
Screen slot size:	Casing length: <u>270</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: 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):	Screen length: <u>AO</u> feet Screen diameter: <u> </u>				
Other (describe): Top of lap pipe or reduction in casing: No log run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):	Screen slot size:OOSinches Setting depth: From	feet to	<u> </u>		
Top of lap pipe or reduction in casing:	Type of completion (circle all applicable): Gravel packed Unc	lerreamed Telescoped Oper	n hole Natural Development		
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):	Top of lap pipe or reduction in casing:feet. If	telescoped or more than one sc	reen, describe on back of page		
1.441.0 01 01841.1411.15 108(0).		ay Density Sonic Neutron	Other:		
i certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi					
Department of Frankry worth Could be Market at D.	_ · · · · · · · · · · · · · · · · · · ·		•••		
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		Pepartment of Health regulation			

Print Name of Water Well Contractor and License No.

NOV 0 1 2004

BY: OLWR

		 -	
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the well local aid in locating the well; 3) any roads, power lines, or off 4) indicate direction.	tion; 2) any permanent structures on the property that n ner items that may aid in locating the property and the	nay vell;	
4) indicate direction.	/		-
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			- 1
Landowner Name: Tim + King Wilson			

kalile

Signature of Water Well Contractor

Description of Formations Encountered

From

If well telescopes please sketch below and show depths.

Ground Level

RECEIVED NOV 0 1 2004 BY: OLWR

STATE WELL REPORT

Part 2

(601)354-6938 (fax)

Pump Installer's Completion Report County: Jackson Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: P.O. Box 10631 Driller: Coast Water Well Service Jackson, MS 39289-0631 (601)961-5210 Date completed: 10-19-04

For Office Use Only:		
Aquifer:		
Well #: _	K-434	
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 Location Well Owner Information Latitude: 30°32' 028" Longitude: 088°41'902" Owner Name: Tim+kim Wilson Mailing Address: Fairley RD. Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS Vancleave MS 39565 City State Zip Code 1/4 1/4 Sec Twn Rng Direction Nearest Town Distance Telephone No. (228) 826 - 4314 Miles of _____ **Power Type** Pump Type Circle one Circle one Submersible Gasoline Engine **Natural Gas** Diesel Engine Air Lift Tractor PTO Electric Motor Hand **Bucket Piston** Turbine Other (specify): Flowing Well Windmill Centrifugal Rotary Horse Power Rating of Motor: _____1/2 HP 506-1/2 HP ZOGPM Submapaible Setting Depth: 160' DISCHARIJE DIDLEGET ECEIVED Date Pump Installed: 12-20-04 Rated Pump Capacity: 20 Gallons Per Minute Method of Measuring Water Lev Pump Test Data Circle one Date Well Tested: 12-20-04 Air Line Steel Tape Electric Measuring Line Static Water Level (A): 90 Feet Below Land Surface Other (specify): Pumping Water Level (B): \mathcal{N}/\mathcal{A} Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) – (A)]: Peet Below Land Surface Test Pumping Rate: 23 Gallons Per Minute Well yielded 24 GPM with a drawdown of NA feet after NA hours of pumping Duration of Pump Test (minimum 4 hours): _______hours

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Tohnny Elkins 0-716 P Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
Print Name of Fump instance and License No. (if applicable)	Signature of 1 unip instance	