<u> </u>	0		
County: ach son	State Well	—	E. ON D. C.
TA	Part 1 Mississippi Department of Environmental Quality		For Office Use Only:
Permit # $\frac{115-615-16321}{100000000000000000000000000000000000$	Office of Land and W	ater Resources	Aquifer: Well #: _K-472
Driller: hyman fikl	P.O. Box 10 Jackson, MS 39		
Date drilling completed: $\frac{S/30/05}{}$	(601)961-5	210	L. S. Elevation:
	(601)354-693	8 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	of the well.	er in detail and filed w	ith the Department within
Well Owner Informs		Wel	Location
Owner Name Acts Son County S	· · · · · · · · ·	tude: <u>30 ° 32 ' 40</u>	2" Longitude: 88° A1 ' 3
Mailing Address: 10-CK SOR COUNT	ty School Met		ne): Conventional Survey,
Aistict/221		USGS quad, Hand-held GPS, Survey-grade GPS	
Vandeave M			
• •	Distance Di		Nearest Town
Telephone No. ()		Miles	of
	Well Data		
Purpose of Well (circle one) Home Inc	lustrial Public Supply Irrig	gation Fish Culture	Other:
Date well drilling started: $\frac{8/30}{0.5}$	Date well d	rilling completed:	28/08
If flowing, method of flow regulation: Va			
/ 1	bove or below (circle one) land s		
			auçe
Hole depth: <u>460</u> Well de	and	ell grouted to a depth of	
Type of grout (circle one)	Bentonite Mix	-	
	ing diameter: <u>10</u> inc	hes Type of casing: _	steel
Screen length: 50 feet Screen	een diameter:inc	thes Type of screen:	ss rad base
Screen slot size: <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u>S</u><u></u><u></u><u></u><u></u><u></u><u>S</u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	Setting depth: From	feet to	160 feet
Type of completion (circle all applicable)	Gravel packed Underreame	Telescoped Oper	hole Natural Developmen
	other (describe):		•
Top of lap pipe or reduction in casing:	DACI	ped or more than one so	reen, describe on back of page
Logs run (circle all applicable): No log n	\sim		• •
Name of organization running log(s):	MAFQ		
I certify that the well was drilled, const	ructed, and completed in accord	lance with all applicable	requirements of the Mississi
Department of Environmental Quality	and/or the Mississippi Departm	ent of Health regulation	s and state laws.
(Josh Ladrer O	-640	(bh	fedu
Print Name of Water Well Contractor and	l License No.	Signature of	of Water Well Contractor
		······	
			AUG 0 3

.

、

	State Well Report	
County: ach Son	Part 1	For Office Use Only:
Permit # 115-615-16221	Mississippi Department of Environmental (Office of Land and Water Resources	
Driller: Anan Liell	P.O. Box 10631	Well #: <u>K-472</u>
Date drilling completed: <u>\$130/05</u>	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the drillon in detail on the	
A Well Owner Informa	tion	Well Location
Owner Name Jack Sin Courty S	bral A stoct	
Mailing Address: The Chi Son Count		''' Longitude:'''
Hanning Address proceeding (044)	Method of Lat/Long	(circle one): Conventional Survey,
NI LA LA MA	USGS quad, H	and-held GPS, Survey-grade GPS
Vandeave M.S.	2 39565 14 14 se	$ec_{1} - \frac{9}{1 \text{ wn}} \frac{65}{65} \text{ Rng} \frac{7}{10} W$
	e Zip Code 4 Road Distance Dir	
Telephone No. ()	Miles	ection Nearest Town of
	Well Data	
Purpose of Well (circle one) Home Indu	Istrial Public Supply Irrigation Fish Cu	
Date well drilling started 8/30/195	Date well drilling completed:	Till of La
If flowing method of flowing	Date well drilling completed:	<u></u>
I nowing, method of flow regulation: Val	/e Other (describe)	
Static Water Level:feet ab	ove or below (circle one) land surface Date me	asured: 81.30105
Hole depth: <u>4CO</u> Well dep	25CONI	r: <u>gauge</u> ppth of <u>780</u> feet
Type of grout (circle one): Cement	-	pth offeet
	16	
SA Cubin	-	asing: <u>Steel</u>
· · · · · · · · · · · · · · · · · · ·	n diameter:inches Type of sc	reen: 55 rd bise
Screen slot size: <u>, 0 0</u> inches	Setting depth: Fromfeet to	
Type of completion (circle all applicable): (Gravel packed Underreamed Telescoped	
		Open hole Natural Development
Top of log give and have a	Other (describe):	
	feet. If telescoped or more than the feet.	one screen, describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Sonic Neu	utron Other:
Name of organization running log(s)		
I certify that the well was drilled, construe	tted, and completed in accordance with all appl	licable requirements of the Mississinni
Department of Environmental Quality and	Vor the Mississippi Department of Health regu	lations and state laws.
Losh Ladrer 0-		hlad
Print Name of Water Well Contractor and Li		14 channe
	/ Signa	ature of Water Well Contractor
		AUG 0 3 2006

.

7

٤

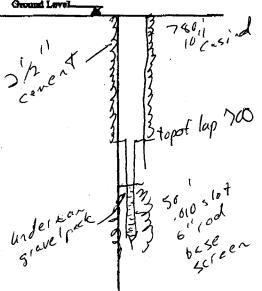
BY: OLWR

Description of formations on connected must be provided for all wells and boreholes, unlaw upscifically exempted by resultations

K-472

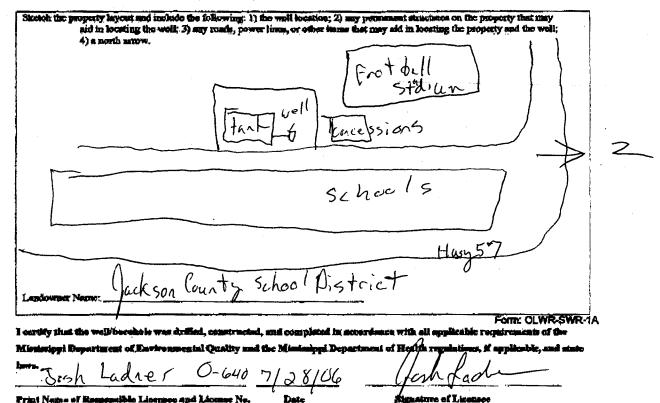
The shotch balow only required for water wells

If well interested, then depths on stateh. Ground Level_____



Description of Formations Encountered	From (depth)	To (depth)
······	Oppund Lovel	440
topsoil & send blueclas	0	170
plueclay	170	230
6 The play	230 340	390
6 lue play	340	1220
Sand	740	\$70
	l	
i 		
• •		
	<u></u>	
	·	
	<u> </u>	4
	<u></u>	
·	L	
	.l	

If more than one screen; show location of each or should



Print Name of Re

store of Licensor

RECEIVED AUG 0 3 2006 BY: OLWR

	······································	STATE W	VELL REPORT	
County: Juckson	1		Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality	
Permit #:		/ Mississippi Departm		
Driller: Lynan		Office of Land	d and Water Resources D. Box 10631	Aquifer:
		Jackson,	MS 39289-0631	Well #: <u>R472</u>
)1)961-5210 354-6938 (fax)	Blevation:
This report shou installation of pu	ld be prepared	by the pump installer in det	tail and filed with the Departmer	t within 30 days of the
V	Vell Owner Inf	ormation		Location
Owner Name: Jackson County Schools		Latitude: 30 32 40		
Mailing Address	Kson Cou	inter Schools		
	strict	1)210 Caluel	Method of Lat/Long (circle on	
Vickorg Red Vincleave MS 3 City State Zin Code			USGS quad, (Hand-held GPS, Survey-grade GF	
			¼ ¼ Sec?	TwnRng
0		•	Distance Direction	Nearest Town
Telephone No. $(\frac{228}{2})$	1 224 1	757	Miles o	f
	Pump Ty Circle on			ver Type rcle one
Air Lift	Jet	Submersible		
Bucket	Piston	Turbine		•
Centrifugal	Rotary	Flowing Well		Tractor P
Other (specify):		TIOWING WEIL		specify):
	ninglac	2	Horse Power Rating of Motor:	•
Date Pump Installed:		Ë	Setting Depth: <u>103</u>	feet
Rated Pump Capacity:	1250	Gallons Per Minute	Number of Stages:	
	Pump Test I	Data		
Date Well Tested:	- -		Cir	suring Water Level cle one
			Air Line Electric Meas	uring Line) Steel Tape
Static Water, Level (A):Feet Below Land Surface		Other (specify):		
Pumping Water Level		Feet Below Land Surface		·····
		Feet Below Land Surface	For flowing well, measured shu	it in head: 2 for
Test Pumping Rate:	300	Gallons Per Minute	Well yielded 300	_GPM with a drawdown of
		ours);hours	18feet after	hours of pump
Duration of Pump Test	(innimum 4 uc	Julaj, i nonre		

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

Signature of Pump Installer

AUG 0 3 2006

RECEIVED

BY: OLWR