State W	'ell Report	To off or Hor Only		
1 Canada 1 111 A COULT	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:		
	Box 10631	Well #: K- 489		
Jackson, IV	IS 39289-0631	L. S. Elevation:		
Date drining completed.	961-5210 4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the	driller in detail and filed w	with the Dengrtment within		
30 days of completion of drilling of the well.				
Well Owner Information		Location		
Owner Name_BOO KOSS	Latitude: <u>30 · 30 · 579</u>	7" Longitude: 088 38 473		
Mailing Address: Brushy Lane	Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS quad, Hand-held	GPS Survey-grade GPS		
Vancleave NLS 39565 City State Zip Code	N6 1/2 SW 1/2 Sec 24	Twn_ <u>+65</u> Rng_ <u>R7w</u>		
	Distance Direction	Nearest Town		
Telephone No. (228 826 - 5508		of Vandeave		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: Date w	well drilling completed:	11-06		
If flowing, method of flow regulation: Valve N A Other (d	escribe)			
Static Water Level:feet above on below (circle one)	and surface Date measured:	1-11-06		
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 172' Well depth: 172'	Well grouted to a depth of _	feet		
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 162 feet Casing diameter:	inches Type of casing:	PVC		
Screen length: <u>10</u> feet Screen diameter: <u>2</u>	inches Type of screen:	fvc		
Screen slot size: 1006 inches Setting depth: From	162 feet to 1	72 feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scr	een, 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				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack Ridadell D-472		Ribdu		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Competer		
		HEUEIVEL		

JAN 26 2006

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level		
	[

Description of Formations Encountered	From	To
TADSOIL		
orange clay	19	18
White CoarseSand Blue Clay Gray Medium Sand	18	78
Plus Clari	125	166
Dive Gay	120	177
Gray Medium Sance	133	110
	 	
	—	
		\vdash
		\Box
	T	
	— ——	\vdash
		+
	┼	+-+
	1	
	 	
		1
	T	
	—	\Box
	٠	

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

Sketch the property layout and include the follow aid in locating the well; 3) any road 4) indicate direction.	ring: 1) the well location; 2) any permanent structures on the property that may is, power lines, or other items that may aid in locating the property and the well;
	- House
8	y)
Bayes	Ž.
the supplemental states of the supplemental stat	THE ST
74	
	Summersia Bayou Ro
	. ~3
Landowner Name: BOD ROSS	
Landowner Name: BOD KOSS	

Signature of Water Well Contractor

RECEIVED

JAN 26 2006

BY: OLWR

STATE WELL REPORT				
County: Jackson Permit #: Driller COAST WATER WELLS & V Date completed: 1-11-06	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 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #:	
This report should be prepared by the	pump installer in deta	il and filed with the Departme	nt within 30 days of the	
installation of pump. Well Owner Information Owner Name: Bob Ross Mailing Address: Brushy Lane Vancleave Ms 39565 City State Zip Code		Well Location Latitude: 30°30′575″ Longitude: 088°38′473′ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 1/4 SW 1/4 Sec 24 Twn765 Rng R7W		
Telephone No. $\frac{28}{826-5508}$ $\frac{3}{816}$ Miles $\frac{656}{90}$		Nearest Town The Nearest Town		
Ритр Туре		Pov	ver Type	
Circle one		Ci	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:	1HP Goulds	
Date Pump Installed: 1-16-06		Setting Depth: OFT Droppipe feet		
Rated Pump Capacity: 8,5	Gallons Per Minute	Number of Stages:	2	
Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested: 1-16-09 Static Water Level (A): 30 Feet B Pumping Water Level (B): 14 Feet Be	elow Land Surface	Cir Line Electric Mean	rcle one suring Line Steel Tape	
	elow Land Surface	For flowing well, measured sh	out in head: All 4 fact	
0./	Fallons Per Minute	Well yielded R. GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 6.5 hours		N/A feet after		
Duration of Fump rest (minimum 4 nours):	nours	ieet after	i li nours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Ben Parkelle Signature of Pump Installer

RECEIVED

JAN 26 2006

BY: OLWR