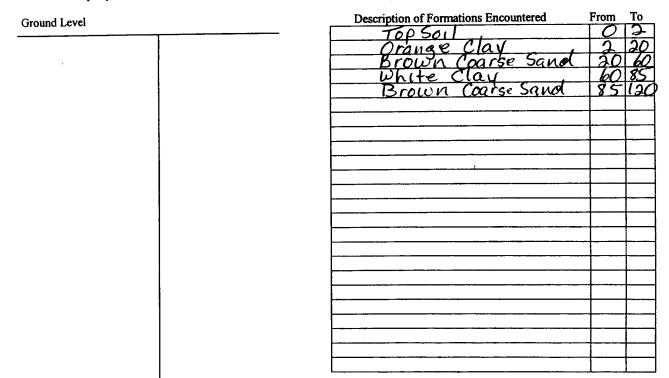
State Well Report     Part 1     Mississippi Department of Environmental Quality     Oriller:   Coast Water Well SRV   Office of Land and Water Resources   P.O. Box 10631     Date drilling completed:   1-24-04   (601)961-5210   (601)354-6938 (fax)     State Law requires that this report be prepared by the driller in detail and filed with 30 days of completion of drilling of the well.   State Well Report			
Well Owner Information		Location	
Owner Name_William_tarmer	Latitude: 30 • 32 · 428	" Longitude: <u>088 • 39</u> <u>· 074</u> "	
Mailing Address: 2525 Krystal Lane	Method of Lat/Long (circle or	ne): Conventional Survey,	
8	USGS quad, Hand-held	GPS) Survey-grade GPS	
Vancleave MS. 39565 City State Zip Code		Twn T65 Rng R7W	
City State Zip Code			
Telephone No. (228) 326-9239	Distance Direction $\frac{2'/2}{Miles}$	of Archeave	
Well Data			
Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: $1 - 24 - 06$ Date well drilling completed: $1 - 24 - 06$			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: 46 feet above or below (circle one) land surface Date measured: 1-24-06			
Method of Measurement (circle one) steel tape electric tape (air line) other:			
Hole depth: 120 Well depth: (20 Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 105 feet Casing diameter: 2 inches Type of casing: PVC			
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC			
Screen slot size: _008inches Setting depth: From _105feet to120feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole			
Other (describe):			
Top of lap pipe or reduction in casing:			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s): N/A			
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 Hackhard and the second data is			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Jack Ridgdell 0-472	lacht	litedell .	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor	
MECEIVEL			

FEB 2 2 2006 BY: OLWR •

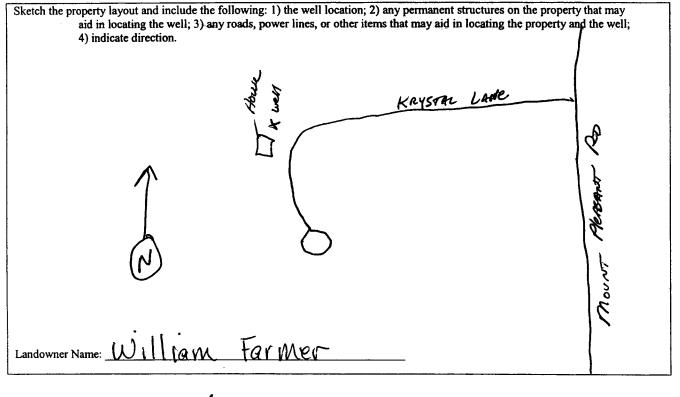
## **K-**491

If well telescopes please sketch below and show depths.

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



1 hidydeld

Signature of Water Well Contractor

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STATE WELL REPORT		
County:   JACKSON   Pump Installer     Permit #:   Mississippi Departme     Driller   Coust Water Well SRV   P.O.     Driller   J-24-06   (601	For Office Use Only:     Aquifer:     Aquifer:     Well #: $K - 4/9/$ Box 10631     MS 39289-0631     9961-5210     54-6938 (fax)     ail and filed with the Department within 30 days of the     Well Location     Latitude:   30° 32′ 4/38″ Longitude:   088° 39′ 074″     Method of Lat/Long (circle one): Conventional Survey,	
Vancleave Ms 39565 City State Zip Code Telephone No. (228) 326-9239	USGS quad, Hand-held GPS Survey-grade GPS <u>SW 14 NE 14 Sec 11 Twn TbS RngR 7W</u> Distance Direction Nearest Town <u>21/2 Miles NE of VAr cleave</u>	
Air Lift Jet Submersible	Power Type   Circle one   Diesel Engine Gasoline Engine   Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal   Rotary   Flowing Well     Other (specify):	Windmill   Other (specify):     Horse Power Rating of Motor:   HPGoulds     Setting Depth: 80FT. Drop pipefeet     Number of Stages:	
Pump Test Data     Date Well Tested: $3 - 8 - 06$ Static Water Level (A): $46$ Feet Below Land Surface     Pumping Water Level (B): $N/A$ Feet Below Land Surface     Drawdown [(B) - (A)]: $N/A$ Feet Below Land Surface     Test Pumping Rate: $7.5$ Gallons Per Minute     Duration of Pump Test (minimum 4 hours): $4.5$ hours	Method of Measuring Water Level Circle one     Air Line   Electric Measuring Line   Steel Tape     Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.     Jack Ridgell 0-472     Print Name of Pump Installer and License No. (if applicable)     Stenature of Pump Installer		

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APR 1 0 2006 BY: OLWR

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