	State W	ell Report	For Office Use Only:	
County: Jackson		Part 1	For Office Use Only:	
		at of Environmental Quality and Water Resources	Aquifer:	
Permit #:		Box 10631	Well #: K- 498	
Driller: COast Water Well SM	•••••••••	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 3-11-00		961-5210 4-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within	
Well Owner Inform		Wel	Location	
Dwner Name JOHNSE LEbo	nse Lebortard Latitude:		30 • 33 '39 " Longitude: 08 • 39 · 009"	
		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
Landrave MS 39565 City State Zip Code		NE 1/4 NE 1/4 Sec 2 Twn TES Rng 702		
relephone No. (28) 1027-09		Distance Direction	of Vandeave	
	Well	Data		
Purpose of Well (circle one Home Inc	lustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 3-10-		-	11 - D10	
f flowing, method of flow regulation: Va				
Static Water Level: <u>120</u> feet al	bove or below (circle one)	land surface Date measured:_	3-11-00	
	teel tape electric tape			
Hole depth: <u>252</u> Well de	pth: <u>252'</u>	Well grouted to a depth of	10feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: <u>231</u> feet Casi	ng diameter:	inches Type of casing:	PNC	
Screen length: <u>15</u> feet Scre	een diameter: _ A	inches Type of screen:	ÓNC	
Screen slot size:	Setting depth: From	237 feet to 25	JA feet	
Type of completion (circle all applicable):				
	Other (describe):			
Fop of lap pipe or reduction in casing:	V/Afeet. If te	lescoped or more than one scr	een, describe on back of page	
Logs run (circle all applicable: No log ru	n)Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	NIA			
certify that the well was drilled, constr	ructed, and completed in a	accordance with all applicable	requirements of the Mississippi	
Department of Environmental Quality a	and/or the Mississippi De	partment of Health regulation	s and state laws.	
	1112	$\langle \rangle$.	DA Lass	
uack kidgaell ()- 7 12	Hich	Val Allel	

APR 1 0 2006 BY: OLWR If well telescopes please sketch below and show depths.

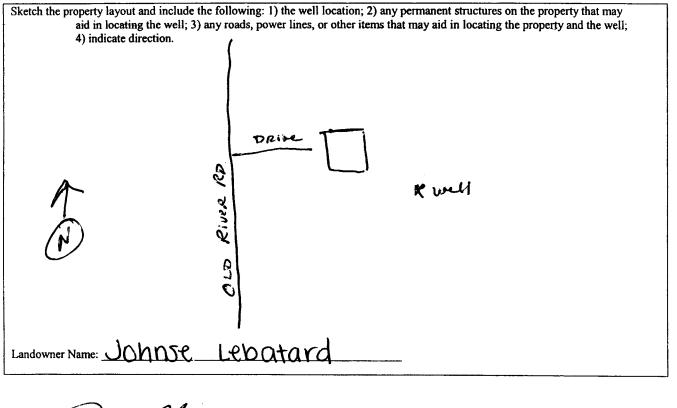
K- 498

Ground Level

1.

Description of Formations Encountered TOP SOIL OFOMAR CLAY BROWN COCISE SAND WHITE CLAY BLUE CLAY BLUE CLAY GRAY COARSE SAND	From To Q 23 A3 A9 P1 96 95 26 A80 26

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



Signature of Water Well Ontractor

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STATE WELL REPORT					
County: Jackson Permit #: Driller: Cast Water Wellsev. Date completed: 3-11-06	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:		
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 Information Owner Name: Johnse Lebar Mailing Address: 14708 Old Rive Vancleave M City State Telephone No. (208) 627 - 086	tard CrRd. S <u>3956</u> 5 Zip Code	Latitude: 30°33'337" Method of Lat/Long (circle one USGS quad, Hand-	Location Longitude: 088 39 009" e): Conventional Survey, held GPS, Survey-grade GPS Twn 765 Rng R7W Nearest Town VANCLEARE		
Pump Type Circle one			ver Type rclc one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Other (specify):	Flowing Well	Horse Power Rating of Motor:			
Date Pump Installed: <u>3-18-06</u> Rated Pump Capacity: <u>6</u>		Setting Depth: <u>140FT</u> Number of Stages: <u>3</u>			
Pump Test Data Date Well Tested: 3-18-06 Static Water Level (A): 130 Feet B Pumping Water Level (B): N/A Feet B Drawdown [(B) - (A)]: N/A Feet B Test Pumping Rate: 6 0 Duration of Pump Test (minimum 4 hours): 1	elow Land Surface Below Land Surface Gallons Per Minute	Cir Air Line Electric Meas Other (specify): For flowing well, measured shu Well yielded	ut in head:feet		
I HEREBY CERTIFY that the above stateme Ben Ridgdell D-472 Print Name of Pump Installer and License No		f my knowledge. Br-Rityluu Signature of Pump Ins	taller RECEIVED		

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