<u></u>	State W	'ell Report	To a Office Here Only		
county: Jackson	P	art 1	For Office Use Only:		
County:		t of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #: K- 529		
Driller COAST WATER UPILSEV.		Box 10631	1		
Date drilling completed:		IS 39289-0631 961-5210	L. S. Elevation:		
Date drilling completed:		4-6938 (fax)	E-log #:		
	, ,	, ,			
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	ith the Department within		
30 days of completion of drilling		Wall	Lacation		
Well Owner Informs					
Owner Name Lori Caillouet	_	Latitude:	" Longitude.08.33.735"		
Mailing Address: 11100 Johns	Bayourb. Method of Lat/Long (circle of				
		USGS quad, Hand-held	GPS Survey-grade GPS		
Vancleave M	S 39565 te Zip Code	NE 1/2 Sec 24	Twn_ <u><i>T65</i></u> Rng_ <u>R74</u>		
City Sta Telephone No. 228 226 - 244		Distance Direction	Nearest Town of VANCIENVE		
Telephone No. 10010 600 - 0 9			·- /////		
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 9-27-06 Date well drilling completed: 9-27-06					
If flowing, method of flow regulation: ValveOther (describe)					
Static Water Level: 30 feet above on below (circle one) land surface Date measured: 9-27-06					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 156' Well depth: 156' Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 146 feet Casing diameter: a inches Type of casing: PVC					
Screen length: 0 feet Screen diameter: 0 inches Type of screen: PVC					
Screen slot size: 4 004 inches Setting depth: From 146 feet to 156 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: NA 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): NA 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 Health regulations and state laws.					
O. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Jack Kidgdell O-	472	Jack 1	Wydelle		
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor CEIVE		
			OCT 2 0 2006		

BY: OLWR

From

RECEIVED

OCT 2 0 2006

BY: OLWR

Description of Formations Encountered

If more than one screen, show	v location of each on sketch					
,						
Sketch the property layout and inc	lude the following: 1) the well loca	tion; 2) any permanent structures on the property that	mav			
aid in locating the w	ell: 3) any roads, power lines, or of	her items that may aid in locating the property and the	well:	i		
4) indicate direction	1 .	, , , , , , , , , , ,	,	ł		
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SUMMERIN BAYOU WELL HOUSE BAYOU HOME						
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PAIGE BAYOU RO						
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				ļ		
Landowner Name: Lorrie Caillouette						
Landowner Name: LUTTO CAUTION TO						

If well telescopes please sketch below and show depths.

Well Contract

Signature of Water Well Contractor

Ground Level

STATE WELL REPORT

County: Tackson Permit #:

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

For Office Use Only:				
Aquifer:				
Visc				
Well #: \ − 5 \ 1				
Elevation:				
Dividuosi.				

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: LOTTE CAILOUETE. Mailing Address: 1100 Johns Payourd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPSI Survey-grade GPS NE 1/4 5W 1/4 Sec 24 Twn TWS Rng R 1W Telephone No. 208 826 -2446 Telephone No. 208 826 -2446 Telephone No. 208 826 -2446 Miles SE of Vancleave				
Well Owner Information Owner Name: LOTTLE CAILLOUETTE. Mailing Address: 11100 Johns Bayourd Method of Lat/Long (circle one): Conventional Survey, USGS quad, (land-held GPS) Survey-grade GPS NE 1/4 SW 1/4 Sec 24 Twn T65 Rng R) W Distance Direction Nearest Town				
Owner Name: LOTTLE CAILLOUETTC. Mailing Address: 11100 Johns Bayourd Method of Lat/Long (circle one): Conventional Survey, USGS quad, (land-held GPS) Survey-grade GPS NE 1/4 SW // Sec 24 Twn T65 Rng R) W Distance Direction Nearest Town				
USGS quad, (land-held GPS) Survey-grade GPS Vancleave M 5 39565 NE 1/4 5W // Sec 24 Twn Tas Rng R7W Distance Direction Nearest Town				
Vanclearl M 5 39565 City State Zip Code NE 1/4 3W /4 Sec 24 Twn T65 Rng R7W Distance Direction Nearest Town				
Distance Direction Nearest Town				
1				
Telephone No. 208 826 -2446				
D. D.				
Pump Type Power Type Circle one Circle one				
Air Lift Jet Submersible Diesel Engine Gasoline 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: 1 HP				
Date Pump Installed: 9-28-06 Setting Depth: 60FT. Drop Dipe feet				
Rated Pump Capacity: 8 Gallons Per Minute Number of Stages: 2				
Pump Test Data Method of Measuring Water Level Circle one				
Static Water Level (A):Feet Below Land Surface				
Pumping Water Level (B): N/A Feet Below Land Surface Other (specify):				
Drawdown [(B) - (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: N/A feet				
Test Pumping Rate: 8 Gallons Per Minute Well yielded 8 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours): 4 hours feet after NA hours of pumping				

I HEREBY CERTIFY that the above statements are true to the best $3000000000000000000000000000000000000$	of my knowledge.	LEGENER
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		OCT 2 0 2006