County: Jackson P Permit #: Office of Land a Driller Cast kn-ley WellsRv Date drilling completed: 3-12-07	Well	For Office Use Only: Aquifer: Well #: $K - 552$ L. S. Elevation: E-log #: th the Department within Location Longitude 0 6 4 1 50 6 "
Mailing Address: Chi COVe	Method of Lat/Long (circle on	
	USGS quad, Hand-held	GPS, Survey-grade GPS
Vancleave MS 39565 City State Zip Code	5 W 1/4 SW 1/4 Sec 21	
Telephone No. (228) 282 - 2725	Distance Direction	Nearest Town of VAricleave
Weil I	Data	
Purpose of Well (circle on Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 3-12-07 Date w	vell drilling completed:	12-07
If flowing, method of flow regulation: Valve M/A Other (de	escribe)	
Static Water Level: <u>55</u> feet above or below (circle one) la	and surface Date measured:	3-12-07
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: <u>330 FT</u> Well depth: <u>330 FT</u>	Well grouted to a depth of	10feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 320_feet Casing diameter:	inches Type of casing:	PVC
Screen length: 10feet Screen diameter:	inches Type of screen:	PVC
Screen slot size:	<u>320feet_to3</u> =	<u>SO</u> feet
Type of completion (circle all applicable): Gravel packed Underr	eamed Telescoped Open l	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing: N/A feet. If tele	escoped or more than one scre	en, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron (Dther:
Name of organization running log(s): NIA		
I certify that the well was drilled, constructed, and completed in a		
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations	and state laws.
Jack Kidgdell 0-472	- Jack	RECEIVED
Print Name of Water Well Contractor and License No.	Signature of V	Water Well Contractor
	\mathcal{O}	
		BY: OLWR

- 18 - 19

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K-552

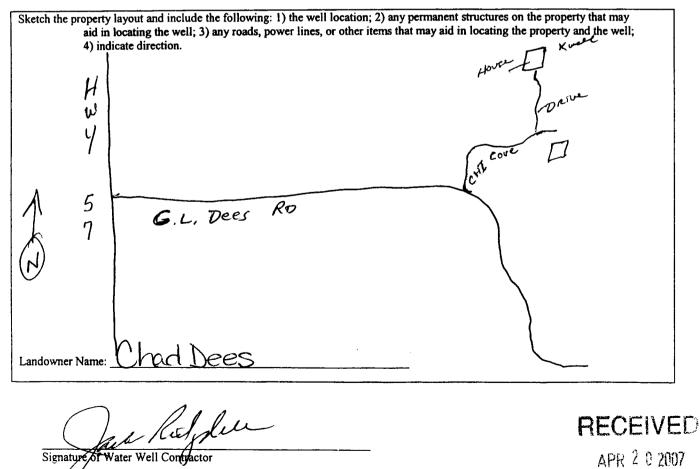
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

 Description of Formations Encountered TOP SOIL OVALOGE + White Clay OVOUR CRASE Sand BURCIAN W/STREAKS OF Sand	From 0 45 150	To J US 150
GrayCharse.Sand		

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



Signature of Water Well Contractor

	STATE W	ELL REPORT	
County: BACKSON Permit #: Driller: Cast Water WellSRV Date completed: 3-12-07	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 th	ie pump installer in det	ail and filed with the Departme	ent within 30 days of the
installation of pump. Well Owner Informat Owner Name: Chad Dees Mailing Address: Chi Cove		Latitude: 30° 30' 203'' Method of Lat/Long (circle on	c): Conventional Survey,
Vancleaven City State	Zip Code		-held GPS Survey-grade GPS Twn <u>T65</u> Rng <u>R7</u> Nearest Town f_VAncleurce
Pump Type Circle one			ver Type rcle one
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):
Other (specify):		Horse Power Rating of Motor:	I HP
Date Pump Installed: 3-15-01 Rated Pump Capacity: 7.5	Gallons Per Minute	Setting Depth DFT Dr (Number of Stages:2	pppipe, feet
Pump Test Data			suring Water Level
Date Well Tested: <u>3-15-07</u> Static Water Level (A): <u>55</u> Feet F Pumping Water Level (B): <u>N/A</u> Feet B			rcle one uring Line Steel Tape
Drawdown [(B) - (A)]: Feet E	Below Land Surface	For flowing well, measured shu	It in head: N/A feet
Test Pumping Rate: 7.5 (Duration of Pump Test (minimum 4 hours):	,	Well yielded7.5 NAfeet after	_GPM with a drawdown of N/A hours of pumping

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