State W	ell Report			
P TACKSON P	art 1			
Mississippi Departmen	t of Environmental Quality Aquifer:			
	and Water Resources Box 10631 Weil #: <u>K=579</u>			
	L. S. Elevation:			
Dute attining completion	961-5210 4-6938 (fax) E-log #:			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Weil Owner Information	Well Location			
Owner Name Kandy Jackson	Latitude: <u>30 · 32 · 309</u> " Longitude: <u>688 · 40 · 451</u> "			
Mailing Address: Country Trail LN.	Method of Lat/Long (circle one): Conventional Survey, 27			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Varicleave ME 39565 City State Zip Code	NE 1/2 5W 1/2 Sec 8 Twn TES Rng R7W			
Telephone No. (2018) 818-9993	Distance Direction Nearest Town <u>14</u> Miles <u>West</u> of <u>Navcleave</u>			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $9-3-07$ Date well drilling completed: $9-4-07$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above on below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape dir line other:				
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 3ICFT. Well depth: 3ICFT. Well grouted to a depth of ICALTER Type of grout (circle one): Cement Bentonite Mix OCTO OCTO				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 205 feet Cosing diameters 0 inchase Transford V1/000 11 200				
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>				
Screen slot size: <u>COV</u> inches Setting depth: From <u>295</u> feet to <u>310</u> 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: N/A 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): 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 Health regulations and state laws.				
JACK Ridgoen 0-472	fach fintz dell			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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K-519

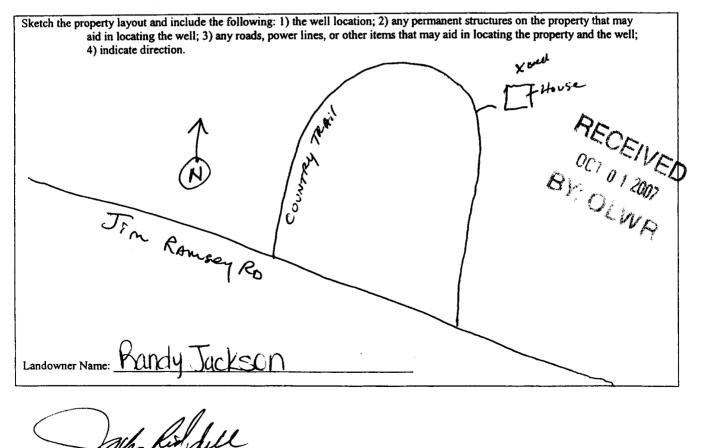
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From To
- Topsoil	- c d
Drange + Blue Clay	3 95
Teras medium Sand.	95 120
	1202
Gray Made Sand	285 310
Stault Vanual Statist	
	<u> </u>

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

Signature of Water Well Contractor



	STATE WI	ELL REPORT		
County: JackSON Permit #: Driller Cast Water WellsRV. Date completed: 9-4-07	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer: Well #: <u>K-579</u> Elevation:	
This report should be prepared by th installation of pump.	e pump installer in deta	il and filed with the Departme	ent within 30 days of the	
Well Owner Informat			Well Location <u>9 ''</u> Longitude: <u>088</u> ° 42 ' 451	
Mailing Address: COUNTRY Tro	ail LN.	Method of Lat/Long (circle one): Conventional Survey,		
J			USGS quad, Hand-held GPS, Survey-grade GPS	
Vancleaven City State	Vancleave MS 39565 City State Zip Code		NE 1/2 SW 1/2 Sec 8 Twn T65 Rng R 7W	
0.1)		Distance Direction		
Telephone No. (238) 8/8-9993	3	114 Miles Weger of VAncherove		
Pump Type Circle one		Power Type Circle 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: 2HF An			
Date Pump Installed:		Setting Depth: 100FT1	roppipe rost CEII	
Rated Pump Capacity:9,5	Gallons Per Minute	Number of Stages: 3	By 01200	
Pump Test Data			Isuring Water Level	
Date Well Tested:			rcle one	
Static Water Level (A):Feet I Pumping Water Level (B):Feet E		Air Line Electric Meas Other (specify):	- 1	
	Below Land Surface	For flowing well measured the	stinhard III a su	
0	Gallons Per Minute	For flowing well, measured shut in head: NA feet Well yielded 9.5 GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			NA hours of pumping	
I HEREBY CERTIFY that the above stateme JACK RIGGLEIL 0-4 ⁻ Print Name of Pump Installer and License No	72	my knowledge. Signature of Pump Ing	flu	

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