State W	ell Report	For Office Use Only:			
	art 1				
Mississippi Departmen	t of Environmental Quality nd Water Resources	Aquifer:			
	Box 10631	well #: K-613			
	IS 39289-0631	L. S. Elevation:			
San straining to the st	<u>7-08</u> (601) 961-5210 (601) 354-6938 (fax)				
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.					
Weil Owner Information		Location			
Owner Name JAY Vallghn					
Mailing Address: 9309 Gautler Varchave	Method of Lat/Long (circle or	he): Conventional Survey,			
	USGS quad, Hand-held	GPS Survey-grade GPS			
Vancleave Ms 39565	N/W 1/ 5/W1/4 Sec 33	Twn TGS Rng R7W			
City State Zip Code Telephone No. DOB DOB DOB	Distance Direction	Nearest Town of VANCLEAVE			
Weil	L Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 7-7-08 Date well drilling completed: 7-7-08					
If flowing, method of flow regulation: Valve N/A Other (describe)					
Static Water Level: 80 feet above of below (circle one) land surface Date measured: 7-7-08					
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: 405 FT. Well depth: 405 FT.	Well grouted to a depth of	(Ofeet			
Type of grout (circle one): Cement Bentonite Mix					
Casing length: <u>395</u> feet Casing diameter: <u>2</u>	inches Type of casing:	PVC			
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>					
Screen slot size: , 004 inches Setting depth: From 395 feet to 405 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: 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):					
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 Ridgdell 0-472	Opek Ride	dell			
Print Name of Water Well Contractor and License No.	V Signature of	Water Well Contractor			
	· · · · · · · · · · · · · · · · · · ·	the test the			

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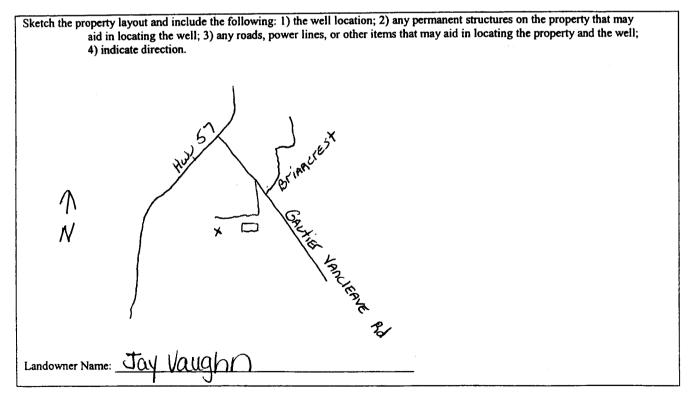
K-613

If well telescopes please sketch below and show depths.

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Ground Level	Description of Formations Encountered	From To
	Orange Clay White Coarse Sand Blue Clay Gray Medium Sand Blue Clay Gray Medium Sand	22 22 35 75 75 75 75 75 75 75 75 75 75 75 75 75

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



0-472 90 Signature of Water Well Contractor

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STATE WELL REPORT					
County: Jackson Permit #: DrillerCoast Water Wellsev	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		lity Aquifer:	or Office Use Only: K-6/3	
Date completed: <u>7-7-08</u>			Elevation	:	
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.					
The second	tion Well Location remy Newburn Latitude: 20° 38' 530" Longitude ()88° 42 Vancleave Rd. Method of Lat/Long (circle one): Conventional Survey			e <u>()88[°] 42'125</u> " 07 ntional Survey,	
Vancleave Me City State	5 37565 Zip Code	USGS quad <u>NW</u> ½ <u>SW</u> ½ S	1, tand-held GPS Sec_33_Twn7 ction	Survey-grade GPS T <u>GS</u> Rng <u>R 7 W</u> st Town	
Pump Type Circle one Air Lift Jet S	ubmersible	Diesel Engine	Power Type Circle one Gasoline Engine	Natural Gas	
	<u>\</u>	Electric Motor Windmill	Hand Other (specify): _	Tractor PTO	
Other (specify): Date Pump Installed:		Horse Power Rating of Setting Depth: 1001 Number of Stages:	T. Droppi	<u>PC</u> feet	
Pump Test Data Date Well Tested: 8-16-08 Static Water Level (A): 80 Feet Be	low Land Surface		l of Measuring War Circle one ric Measuring Line	Steel Tape	
Pumping Water Level (B): <u>NA</u> Feet Bel Drawdown [(B) – (A)]: <u>NA</u> Feet Be Test Pumping Rate: <u>10</u> Ga Duration of Pump Test (minimum 4 hours):	low Land Surface	For flowing well, measure Well yielded	GPM wi		
I HEREBY CERTIFY that the above statement Jack Ridgdell 0-472- Print Name of Pump Installer and License No.		ny knowledge.	information installer	RECEIVED	

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