State W	ell Report			
mickson P	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	Office of Land and Water Resources P.O. Box 10631 Well #:			
Jackson, IV	IS 39289-0631	L. S. Elevation:		
	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.	driller in detail and filed w	ith the Department within		
Well Owner Information	Well	Location		
Owner Name Konald Carroll	Latitude: <u>30,30,841</u>	" Longitude 088° 42,513"		
Mailing Address: Morningside Dr.	Method of Lat/Long (circle on			
		GPS, Survey-grade GPS		
Vancieraves, MS 395 65 City State Zip Code	Vancleaves, MS 39565 NE 1/NW 1/2 Sec 20 Twn T65 Rng R			
phone No. $\partial \overline{\partial 8} \partial 33 - 8 \partial 30$ Distance Direction		Nearest Town of VAwcleave		
Well 1	L Data			
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $8-21-09$ Date well drilling completed: $8-21-09$				
If flowing, method of flow regulation: Valve NA Other (describe)				
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 871-09				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 145 FT Well depth: 145 FT Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>135</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>P.VC</u>				
Screen slot size: <u>• 000</u> inches Setting depth: From <u>135</u> feet to <u>145</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 Kidgdell 0-472	Just .	hildel		
Print Name of Water Well Contractor and License No.	Signature of			
		SEP 0 9 2009		

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BY:	OLWR
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K634

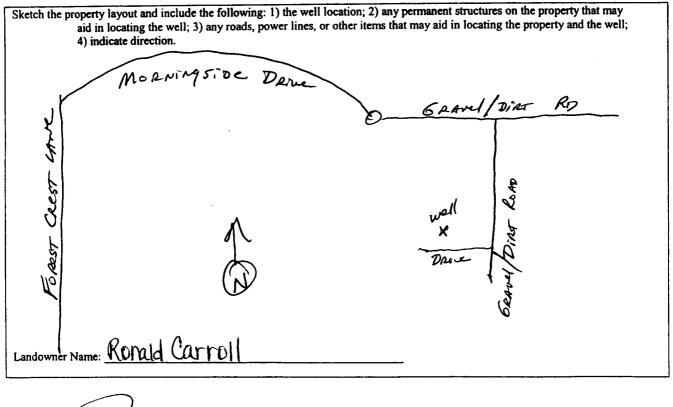
If well telescopes please sketch below and show depths.

Ground Level

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 Description of Formations Encountered	From To
Orange Clay Brown coarse sand Crange + White Clay Brown Coarse sand	2 30 30 60 60 90 90 46

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



Signature of Water Well Contractor

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STATE WELL REPORT		
County: JackSon Permit #: Drille: Cast Water Wellsrv Solution & Solution & Gold	For Office Use Only:s Completion Reportat of Environmental Qualityand Water ResourcesBox 10631AS 39289-06319 961-521054-6938 (fax)	
This report should be prepared by the pump installer in deta	il and filed with the Department within 30 days of the	
Installation of pump. Well Owner Information Owner Name: Ronald Carroll Mailing Address: MorningSide Drive Uncleave, Ms 39565 Discleave City State Zip Code Telephone No. (208) 233-8230	Latitude: <u>30° 30' 8477</u> Longitude: <u>088' 42' 543</u> " <u>51</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS	
Pump Type Circle one Air Lift Jet Submersible	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas	
Air Elit Jet Subincision Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Electric Molor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: I HP Setting Depth: Number of Stages:	
Pump Test Data Date Well Tested: $9-4-09$ Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 9 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jack Ridgdell 0-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer SEP 18 2009		

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