,	State Well Report	
County: Jackson	Part 1	ity Aquifer: K 636
Permit #:	sissippi Department of Environmental Quali Office of Land and Water Resources	
Driller (Dast Water WeilsRM	P.O. Box 10631	Well #:
Date drilling completed: 9-23-09	Jackson, MS 39289-0631 (601) 961-5210	L. S. Elevation:
	(601) 354-6938 (fax)	E-log #:
State Law requires that this report be 30 days of completion of drilling of th	e prepared by the driller in detail and file we well.	ed with the Department within
Well Owner Information		Well Location
Owner Name Emelda MEKey		273" Longitude: 088° 41 ' 863"
Mailing Address: Gauffer-Vancle	ave Rd. Method of Lat/Long (circ	AC le one): Conventional Survey, 52
		held GPS Survey-grade GPS
Vancleave, MS	2 <u>7565</u> Zip Code <u>Alw 1/2 Sw</u> 1/2 Sec_2	33 Twn 765 Rng R7 W
Telephone No. (238) 219-0992	Distance Direction	on Nearest Town of Varcleave
	Well Data	
Purpose of Well (circle one) Home Industrial	Public Supply Irrigation Fish Culture	e Other:
Date well drilling started: 9-23-09	Date well drilling completed:	9-23-09
If flowing, method of flow regulation: Valve	<u> </u>	
Static Water Level: <u>SO</u> feet above o	rbelow(circle one) land surface Date measur	red: <u>9-23-09</u>
Method of Measurement (circle one) steel tag		
Hole depth: <u>373FT</u> . Well depth:	<u>373FT</u> . Well grouted to a depth of	of <u>10</u> feet
	ntonite Mix	
		g: <u><u>PVC</u></u>
Screen length: <u>15</u> feet Screen dia		
Screen slot size: <u>• 004</u> inches Se	etting depth: From <u>358</u> feet to	373 feet
Type of completion (circle all applicable): Gra	vel packed Underreamed Telescoped C	Open hole Natural Development
	ner (describe):	
Top of lap pipe or reduction in casing:	A feet. If telescoped or more than one	screen, describe on back of page
Logs run (circle all applicable) No log run El	ectric Gamma Ray Density Sonic Neutro	n Other:
Name of organization running log(s):	, and completed in accordance with all applic	
	, and completed in accordance with all applic: • the Mississippi Department of Health regula	
Jack Kidgdell D-472	2 Jack	Ridgleen
Print Name of Water Well Contractor and Licen	se No. 🥖 Signatur	re of Water Well ContraRECEIVED
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OCT 0 9 2009

BY: OLWR

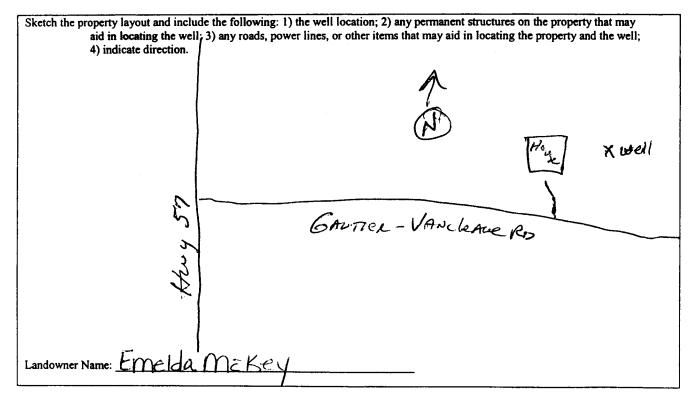
K 636

If well telescopes please sketch below and show depths.

Ground Level

	Description of Formations Encountered	rrom	10
	TOPSOIL	$\neg o$	a
	Orange Clay	3	30
	Brown Coarse Sand	120	FO
	Blye clay	50	720
	Graymallumsand	- Var	185
	Bueclay	185	340
	Gray Medium Sand	340	373
	/		
1			

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



den Signature of Water Well Contractor

Signature of Water Well Contracto

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STATE WELL REPORT					
County: <u>Jackson</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer:	_	
Driller: COAST WATER Well SRV. Date completed: 9-23-09	Jackson, N (601	Box 10631 #S 39289-0631) 961-5210	Well #:K 636		
This report should be prepared by th		54-6938 (fax) il and filed with the Departm			
installation of pump. Well Owner Informat	ion	We	ell Location		
Owner Name: EMEIDA MCKey		1 M	_ Longitude: <u>088° 41′863</u> 5ス	\$4	
Mailing Address: Gautier - Vanc	leave Rd.	Method of Lat/Long (circle o	ne): Conventional Survey, d-held GPS Survey-grade GPS		
Uncleave Ms City State	39565 Zip Code	<u>NW 45W 4 Sec 3</u>	3 Twn T6S Rng R7W		
Telephone No. (208 219 - 0992		Distance Direction 31/4 Miles South	Nearest Town of Vancleave		
Pump Type Circle one			ower Type Circle one		
Air Lift	Submersible	Diesel Engine Gasoli	ine Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify): Date Pump Installed:1/4/09	<u></u>	Horse Power Rating of Motor Setting Depth: <u>LOOFT</u> .	r 2 HP Drop Di DP seet		
\wedge	Gallons Per Minute	Number of Stages:			
Pump Test Data			easuring Water Level Circle one]	
Date Well Tested:			asuring Line Steel Tape		
	Below Land Surface	Other (specify):			
Pumping Water Level (B): N/A Feet		For flowing well, measured s	thut in head: N/A feet		
Drawdown [(B) – (A)]: <u>N/A</u> Feet Test Pumping Rate: <u>9</u> , 5			GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			N/A hours of pumping		
I HEREBY CERTIFY that the above staten Jack Ridgdell 0-4 Print Name of Pump Installer and License N	72	of my knowledge. Auh Ka Signature of Pump I	1 The Star	WE	
			NOV	9 2009	

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