State V	Vell Report				
County: Jackson	Part 1 For Office Use Only:				
Mississippi Departme	nt of Environmental Quality Aquifer: <u>4640</u>				
	and Water Resources Well #:				
Jackson I	MS 39289-0631 L. S. Elevation:				
	) 961-5210 54-6938 (fax) E-log #:				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within				
Weil Owner Information	Well Location				
Owner Name TAILEY Properties	Latitude: 30.31.718 " Longitude: 088.43'411"				
Mailing Address: 1711 Prospect Ave.	A3 Method of Lat/Long (circle one): Conventional Survey, 24				
	USGS quad, Cand-held GPS. Survey-grade GPS				
Pascagoula, MS 37567 City State Zip Code	NE 1/4 NW1/4 Sec 78 Twn 76 5 Rng R7 W				
	Distance Direction Nearest Town				
Telephone No. <u>228)</u> 762-0154	Distance Direction Nearest Town MilesOfAndeave				
Well	Data				
Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture Other:				
Date well drilling started: 10/2007 Date	well drilling completed: 10/20/07				
If flowing, method of flow regulation: Valve Other (of	lescribe)				
Static Water Level: feet above (r below circle one)	land surface Date measured: <u>10/20/07</u>				
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>267 FT.</u> Well depth: <u>267 FT.</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: <u>251</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>					
Screen length:feet Screen diameter:	inches Type of screen: $PVC$				
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
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): NA					
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.					
Tack Ridadall Duiton	O, Pillie				
Print Name of Water Wall Contractor and Linear No.	- DEPEN				
Print Name of Water Well Contractor and License No.	Signature of Water Well Commerce F				

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> NOV 19 2009 BY: OLIVVE

×640

If well telescopes please sketch below and show depths.

Ground Level

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2	Description of Formations Encountered	From	To
	 TODSOIL		a
	Orange + White. Clay	9	$\mathcal{O}$
	Gray Clay	10	45
	orangecidy	UL	150
		-120	253
		252	13.7
	Fray Medium Sand	<b></b>	ale (
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; }- moloile Home 4) indicate direction. SEAMAN RoAD Landowner Name: Talley Properties

Signature of Water Well Contractor

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Part 2    Part 2 <td< th=""><th></th><th>STATE WI</th><th>ELL REPORT</th><th><b>,</b></th><th></th></td<>		STATE WI	ELL REPORT	<b>,</b>	
Date completed:  (G01) 961-5210  Elevation:    This report should be prepared by the pump installer is detail and filed with the Department within 30 days of the installation of pump.  Well Constituent is a days of the installation of pump.    This report should be prepared by the pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detail and filed with the Department within 30 days of the installation of pump installer is detailed in the installation of pump installer is detailed in the days of the installer is detailed in the days of the installer is detailer is detailed in the days of the installation of pump installer.    Telephone No. 2080. 7142 - 07544  Installer is detailer is d	Parmit #	Pump Installer's Mississippi Departmen Office of Land a	Completion Report t of Environmental Qu and Water Resources		Office Use Only:
Well Overs Isformation    Well Location    Owner Name: Talley Properties    Mailing Address: III Prospect Ave.    Batalition of pump default    Discagoula, MS 39567    City Suffer Zip Code    Puscagoula, MS 39567    City Suffer Zip Code    Distance Direction Nearest Town    Autom Type Circle one    Circle one    Ait Lift Colspan="2">Corte one    Distance Direction Nearest Town    Autom Turbine    Bucket Piston Turbine    Bucket Piston Turbine    Dista Calpon for Super Flowing Well    Other (specify):    Date Pump Installet: D-D-10    Rated Pump Capacity: Callons Per Minute    Method of Measuring Water Level    Origin colspan="2">Circle one    Static Water Level (A): B0 Feet Below Land Surface    Direction (B): N  A Feet Below Land Surface    Direction Promy Test dealow famous Per Minute    Date Well Tested: D-D-2 - 10    Static Wa		P.O. Box 10631 Jackson, MS 39289-0631 (601) 961-5210			
Well Owner Information    Well Owner Information    Well Owner Information    Owner Name: Talley Properties    Mailing Address: IT II Prospect Ave.    Mailing Address: IT II Prospect Ave.    Well Owner Information    Discagoula, MS 3.9567    Air Lift (fee) Twn TLos (frag Colspan="2">Convertion Nearest Town    Autor Well Colspan="2">Discagoula, MS 3.9567    Call one    Autor Well Colspan="2">Discagoula, MS 3.9567    Call one    Paremp Type    Circle one    Call one Pare	This report should be prepared by the	pump installer in deta	il and filed with the I	Department within 30	days of the
$ \begin{split} \begin{array}{c} \underline{\text{Pusc}} \underline{\text{State}} & \text{St$	Well Owner Information Owner Name: Talley Propert	ies	1	H8" Longitude: (	$\langle \rangle$
Parape Type Circle one  Power Type Circle one    Air Lift  Tet  Submersible    Bucket  Piston  Turbine    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	Pascagoula, Mi City State	<u>S 3956</u> 7 Zip Code	<u>NÉ % NW %</u> Distance Di	Sec_18_Twn_TC	<u>~S_Rng_R7</u> W Fown
Circle one  Circle one    Air Lift  (e)  Submersible    Bucket  Piston  Turbine    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	Telephone No. (228) 742-075	4	$\underline{\underline{\mathcal{A}}}_{\text{Miles}}$	1st of Vancle	eave
All Lill  All Submitted    Bucket  Piston  Turbine    Bucket  Piston  Turbine    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	• • • •			**	
Centrifugal  Rotary  Flowing Well    Other (specify):	Air Lift Jet S	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Other (specify):	Bucket Piston 7	Turbine	Electric Motor	Hand	Tractor PTO
Date Pump Installed:  1-2-10    Rated Pump Capacity:  6    Gallons Per Minute  Number of Stages:    Pump Test Data  Method of Measuring Water Level    Date Well Tested:  2-22-10    Static Water Level (A):  & D    Feet Below Land Surface  Air Line    Pumping Water Level (B):  N/A    Feet Below Land Surface  Other (specify):    Drawdown [(B) - (A)]:  N/A    Feet Below Land Surface  For flowing well, measured shut in head:  N/A    Drawdown [(B) - (A)]:  MA  Feet Below Land Surface    Drawdown [(B) - (A)]:  MA  Feet Below Land Surface    Duration of Pump Test (minimum 4 hours):  4  hours    Method of Measuring Line  N/A  feet    Method of Measuring Line  N/A  feet    Mumping Rate:  Gallons Per Minute  For flowing well, measured shut in head:  N/A    Duration of Pump Test (minimum 4 hours):  4  hours  Mathematical feet    JOLK  Ridgdell  O-472  Mathematical feet  Mathematical feet    JOLK  Ridgdell  O-472  Signature of Pump Les	Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	
Rated Pump Capacity:  Gallons Per Minute  Number of Stages:  Q    Pump Test Data  Method of Measuring Water Level  Circle one    Date Well Tested:  Q-Q-10  Method of Measuring Water Level  Circle one    Static Water Level (A):  & D  Feet Below Land Surface  Method of Measuring Line  Steel Tape    Darwdown [(B) - (A)]:  MA  Feet Below Land Surface  For flowing well, measured shut in head:  M/A  feet    Duration of Pump Test (minimum 4 hours):  4  hours  Mumber of my knowlettige.  Gallon Measuring Line  Steel Tape    JACk Kidgdell  O-472  Mumber of my knowlettige.  Machae  M/A  feet after  M/A  hours    Figstature of Pump Installer and License No. (if applicable)  Signature of Pump Lestaller  Signature of Pump Lestaller  Signature of Pump Lestaller  Signature of Pump Lestaller	Other (specify):		Horse Power Rating	of Motor:	2
Pump Test Data    Method of Measuring Water Level    Date Well Tested:	A				<u>_</u> feet
Date Well Tested:  2-22-10    Static Water Level (A):  80  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:  6  Gallons Per Minute    Duration of Pump Test (minimum 4 hours):  4  hours    I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  M/A    Test Pump Installer and License No. (if applicable)  Signature of Pump Lestaller	Rated Pump Capacity:GG	allons Per Minute	Number of Stages:	<u> </u>	
Static Water Level (A):  80  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:  6  Gallons Per Minute    Duration of Pump Test (minimum 4 hours):  4  hours    I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  N/A  feet after    Jack Ridgdell  0-472  Steprature of Pump Installer and License No. (if applicable)  Steprature of Pump Installer	•	)	Meth		r Level
Drawdown [(B) - (A)]:	Static Water Level (A):Feet Bo	elow Land Surface		-	-
Test Pumping Rate:			For flowing well, me	asured shut in head:	N/A feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours <u>N/A</u> feet after <u>N/A</u> hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>JACK Ridgdell 0-472</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Lastaller FEB 2 3 2010			_		a drawdown of
Jack Ridgdell  0-472  Jack Ridgdell  0-472    Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer  FEG 2.3 2010		hours		i/	
2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 	Jack Ridgdell 0-47	2	ach	Pump Installer	
2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 			$\mathcal{U}$		

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