Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (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 Well Owner Information Owner Name Tim Johnson Mailing Address: 1911 Summfrin Bayoukd. Method of Lat/Long (circle one): Conventional Survey, Mississippi Department of Environmental Quality Aquifer: Well #: Klo49 L. S. Elevation: E-log #: Vell Location Latitude: 30 30 14 Method of Lat/Long (circle one): Conventional Survey,				
Mississippi Department of Environmental Quanty Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation: E-log #: 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. Well Owner Information Owner Name Tim Johnson Mailing Address: 1917 Summulin Bayoukd. Method of Lat/Long (circle one): Conventional Survey,				
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation: E-log #: 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. Well Owner Information Owner Name Tim Tohnson Mailing Address: 1917 Summarin Bayou Rd. Method of Lat/Long (circle one): Conventional Survey,				
Drillet: OS+ Water Well SRV Date drilling completed: 4-9-10 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. Well Owner Information Owner Name Tim Johnson Mailing Address: 1911 Summer In Bayou Rd. Method of Lat/Long (circle one): Conventional Survey,				
Date drilling completed: 4-9-10 Convertional Survey, Conventional Survey, Convention				
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. Well Owner Information Owner Name Jim Johnson Latitude: 30 14 Longitude: 80 38 384, Mailing Address: 1917 Summinipayoukd. Method of Lat/Long (circle one): Conventional Survey,				
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. Well Owner Information Owner Name Jim Johnson Latitude: 30 14 Longitude: 80 38 384, Mailing Address: 1917 Summinipayoukd. Method of Lat/Long (circle one): Conventional Survey,				
Well Owner Information Owner Name Tim Johnson Mailing Address: 1917 Summer lin Bayourd. Method of Lat/Long (circle one): Conventional Survey,				
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Mailing Address: 1917 Summer lin Bayou Rd. Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 1917 Summer In Bayou Rd. Method of Lat/Long (circle one): Conventional Survey,				
USGS quad, Hand-held GPS, Survey-grade GPS				
Vancleave, MS 39565 SE VAG Sec 25 Twn 765 Rng R7 W				
Telephone No. 208 217-3642 Distance Direction Nearest Town 3 Miles St of Vancles				
Telephone No. OCVO) OT 12 SUV				
Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 4-9-10 Date well drilling completed: 4-9-10				
1/4				
If flowing, method of flow regulation: Valve NA Other (describe)				
Static Water Level: 40 feet above of below circle one) land surface Date measured: 4-9-10				
Method of Measurement (circle one) steel tape electric tape air line other:				
The state of the s				
Hole depth: OSOFT Well depth: OSOFT Well grouted to a depth of Officet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 042 feet Casing diameter:				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size:				
Screen slot size.				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on back of page				
leet. It telescoped of 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): NIA				
Truite of organization rulating log(o).				
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 RIDGOEL 0-472				
Print Name of Water Well Contractor and License No.				
MAY 8 3 23				

State Well Report

FOGE

If well telescopes please sketch below and show depths.

Ground Level		

Description of Formations Encountered	From	10
Topsoil.	0	2-
Orange Clay	2	12
Blue clay wistreaks of Sand	18	IM
The conditional of Condition	1757	120
Will the Cold of t	1150	1732
Blue Clay W/Streaks Of Say n	1100	Q_{ij}
Stay medium to coarse Sand	133	100d
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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; 4) indicate direction.
Summershin Bayou Ro
Landowner Name: Jim Johnson

John's BAyor R.

Signature of Water Well Contractor

HECEIVED MAY 8 3 2010

BY-OMP

STATE WELL REPORT Part 2 For Office Use Only: Jackson **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601) 961-5210 Elevation: Date completed: (601) 354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Location Well Owner Information 4" Longitude:<u>08</u> Johnson Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS TWNT65 Rng R 7 W Nearest Town Distance Direction Telephone No. (208) 217 - 3662 Miles SE Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Jet Air Lift **Electric Motor** Hand Tractor PTO Piston **Turbine** Bucket Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: // Gallons Per Minute Well vielded GPM with a drawdown of Test Pumping Rate: ___ Duration of Pump Test (minimum 4 hours): __ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgel 0-472

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

MAY 8 3 2016

BY OMP