	State W	ell Report	
County: TackSOY	Part 1		For Office Use Only:
County:	Mississippi Departmen	t of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well#: K693
Driller OUST WATER WELLSKY.		S 39289-0631	L. S. Elevation:
Date drilling completed: 3/16/12	•	961-5210	
	(601) 35	4-6938 (fax)	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 Informa	tion	Wei	Location
Owner Name Timmy Heirs			" Longitude: 08.39,55.03
Mailing Address: Kenneth	ole Rd.		ne): Conventional Survey, 55
		USGS quad, Hand-held	GPS Survey-grade GPS
Vancleave, Ms	39565	SE 1/36 1/3 Sec 10	Twn TES Rng R7W
City Stat	te Zip Code	NE	
Telephone No. 8 406 - 39	<u>58</u>	Distance Direction //2 Miles FAST	Nearest Town of Vancteur
	Weil 1	Data	
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:
		-/	1
Date well drilling started: 316			6/19
If flowing, method of flow regulation: Val			
Static Water Level: 40 feet above of below (circle one) land surface Date measured: 3/16/12			
Method of Measurement (circle one) st	eel tape electric tape	air line other:	
Hole depth: TFT Well depth: TFT Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 1 feet Casing diameter: 2 inches Type of casing: PVC			
Screen length: 10 feet Screen diameter: 3 inches Type of screen: PVC			
Screen slot size: inches Setting depth: From feet to 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 tel	escoped or more than one scre	een, 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): /	ucted and completed in	pecordance with all annice bla	requirements of the Missississis
Department of Environmental Quality a	=		
Took Ridadall OUT			2// RECEIVE

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor, 13

If well telescopes	please	sketch	below	and	show	depths.
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Ground Level	

Description of Formations Encountered	From	To
TOPSOIL	0	3
Drange Clay	چ _	10
Orange Coarse Sand Orange Clay Orange Coarse Sand	10	35
Orange Clay	35	45
brande Coarse Sand	95	127
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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 aid in locating the well; 3) any roads, power lines, or other item 4) indicate direction.	ns that may aid in locating the property and the well;
H Poncare Baryon	Rose of Marie of
w y	Mose
5 Kenneth Color	20 B
	6
James Heirs	
Landowner Name: UMM HUS	' RECEIVED

Signature of Water Well Contractor

APR 1 3 2012

BY: OLWR

Lewis Printing - Pascagoula, MS

STATE WELL REPORT Part 2 For Office Use Only: county: Jackson **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601) 961-5210 Date completed: Elevation: (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 Longitude: (\80"39'55.02" Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, (Hand-held GPS, Survey-grade GPS Direction Nearest Town Distance Telephone No. (28)826-3958 Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Air Lift Submersible Diesel Engine Turbine Electric Motor Hand Tractor PTO Bucket **Piston** Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape

Static Water Level (A):Feet Below Land Surface	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: 8.5 Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	NA feet after NA hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

VFD