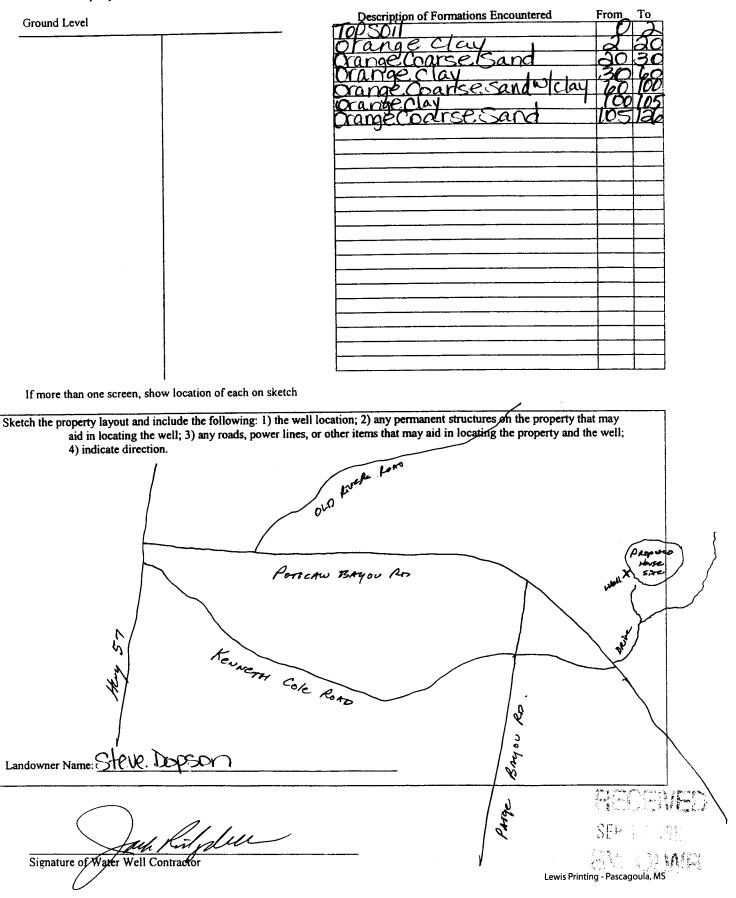
| | State W | ell Report | | |
|--|--|--|--|--|
| county: Jackson | | art 1 | For Office Use Only: | |
| County: Jacinsei J | Mississippi Department | of Environmental Quality | Aquifer: | |
| Permit #: | | nd Water Resources | Well #: K703 | |
| Driller Coast Water Well SRV. | P.O. Box 10631 | | | |
| Date drilling completed: 9/10/12 | Jackson, MS 39289-0631 (601) 961-5210 | | L. S. Elevation: | |
| | | 1-6938 (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 Information Well Location | | | | |
| | Well Owner Information | | | |
| Owner Name <u>Steve Dopson</u> Mailing Address: Poticaw Bo | you Rd. | Latitude: $30 \cdot 31 \cdot 240$ " Longitude: $088 \cdot 42 \cdot 045$ " 32 05 39 46 Method of Lat/Long (circle one): Conventional Survey, | | |
| | | | USGS quad Hand-held GPS Survey-grade GPS | |
| Vancleave, MS 37545 City State Zip Code | | | Twn T65 Rng R7W | |
| Telephone No. (200) OI [-2] | | / / Miles _ EAST | or varchence | |
| Weil Data | | | | |
| Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other: | | | | |
| | | | | |
| If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) | | | | |
| Static Water Level: 40 feet above or below circle one) land surface Date measured: 9/10/12 | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | |
| Hole depth: 126FT Well depth: 126FT Well grouted to a depth of feet | | | | |
| Type of grout (circle one): Cement Bentonite Mix | | | | |
| Casing length: <u>116</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>PVC</u> | | | | |
| Screen slot size: • 006 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 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 Opelity and/on the Mississippi | | | | |
| Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. | | | | |
| Jack. Kidgdell 0-472 | | Autr 1 | alfue | |
| Print Name of Water Well Contractor and License No. Signature of Water We | | | Vater Well Contractor | |

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If well telescopes please sketch below and show depths.



| STATE WELL REPORT | | | | |
|---|--|--|--|--|
| County: DackSon Permit #: Oriller Dots F Water Well SKV. Driller 24/10/12 Jackson, I (601) 3 | Part 2 For Office Use Only: 's Completion Report Aquifer: and Water Resources MS 39289-0631 Well #: K 703 1) 961-5210 Elevation: 354-6938 (fax) Elevation: | | | |
| 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 Owner Information Owner Name: Steve Dop Son Mailing Address: POHICAW BAYOURd. VANCLEAVE MS 39565 City State Zip Code Telephone No. 208 217 - 2979 | Well Location Latitude: $3^{\circ}3^{+}3^{+}4^{\circ}1^{\circ}$ Longitude: $8^{\circ}4^{\circ}4^{-}10.77^{\prime}$ Method of Lat/Long (circle one): Conventional Survey, ⁴⁶ USGS quad. Hand-held GPS, Survey-grade GPS SW $\frac{1}{5}$ SW $\frac{1}{4}$ Sec 11 TwnT6S Rng R7W Distance Direction Nearest Town $\frac{1^{\prime}2}{2}$ Miles EAOH of VANCLEAVE. | | | |
| Pump Type | Power Type | | | |
| Circle one | Circle one | | | |
| Air LiftJetSubmersibleBucketPistonTurbine | Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO | | | |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): | | | |
| Other (specify): | Horse Power Rating of Motor: 1 HP | | | |
| Date Pump Installed: | Setting Depth: <u>60 FT. Drop Pipe</u> feet Number of Stages: <u>2</u> | | | |
| Pump Test Data | Method of Measuring Water Level | | | |
| Date Well Tested:5/12 Static Water Level (A):OFeet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute | Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head:feet Well yielded 2/ GPM with a drawdown of | | | |
| I test Pumping Rate: | | | | |
| Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer | | | |
| | Lewis Printing - Pascagoula, MS | | | |

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