State Well Report	
	For Office Use Only:
County: Dackson Part 1 Mississippi Department of Environmental	Quality Aquifer:
Permit #: Office of Land and Water Resource	
Drille Coast Water Wellser P.O. Box 10631	well #:185
Drillet UST War Wellski Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 5/14/09 (601) 961-5210	
(601) 354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the driller in detail an	nd filed with the Department within
30 days of completion of drilling of the well. Well Owner Information	Well Location
	9 ' 060 ' Longitude: <u>688</u> • <u>388</u> ' <u>487</u> - <u>A</u> ''
	g (circle one): Conventional Survey,
USGS quad,	Hand-held GPS, Survey-grade GPS
City State Zip Code	Sec 35 Twn T65 Rng R6 W
Distance D	Direction Nearest Town NORTH of MOSS POINT
Telephone No. (208) 475-8600	NUMTH of MOSS POINT
Well Data	
Purpose of Well (circle on Home Industrial Public Supply Irrigation Fish C	Culture Other:
Date well drilling started: 5/14/09 Date well drilling completed	d: <u>5/14/09</u>
If flowing, method of flow regulation: Valve NA Other (describe)	•
Static Water Level:feet above or below circle one) land surface Date n	measured: <u>5/14/09</u>
Method of Measurement (circle one) steel tape electric tape air line oth	her:
Hole depth: 75 FT Well depth: 75 FT Well grouted to a c	depth of <u>/U</u> feet
	depth offeet
Type of grout (circle one): Cement Bentonite Mix	casing:
Type of grout (circle one): Cement Bentonite Mix Casing length: <u>65</u> feet Casing diameter: <u>2</u> inches Type of	casing:
Type of grout (circle one): Cement Bentonite Mix Casing length: <u>65</u> feet Casing diameter: <u>A</u> inches Type of Screen length: <u>10</u> feet Screen diameter: <u>A</u> inches Type of	casing: <u>PVC</u> screen: <u>PVC</u>
Type of grout (circle one): Cement Bentonite Mix Casing length: <u>65</u> feet Casing diameter: <u>2</u> inches Type of Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of Screen slot size: <u>, 006</u> inches Setting depth: From <u>65</u> feet	casing: <u>PVC</u> screen: <u>PVC</u>
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MAY 2 6 2009

BY: OLWR

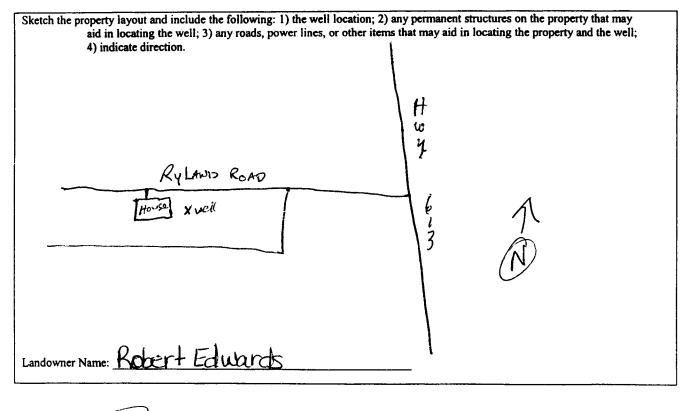
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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
 TOPSOIL	C	a
Crance + Blue Clay	2	58
Charles Volde Charl	60	300
White coarse Sand	120	12
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		<u> </u>

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



leften Signature of Water Well Contractor

RECEIVED MAY 2 6 2009 **BY: OLWR**

STATE WELL REPORT				
County-Tackson Pump Installer's Permit #:	art 2 For Office Use Only: art 2 For Office Use Only: art 2 Aquifer: art 3 Aquifer: art 4 Muifer: art 5 Box 10631 18 39289-0631 b) 961-5210 Elevation: 54-6938 (fax) Bit is a state of the stat			
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: Rober + Edwards Mailing Address: 3404 Ryland Rd . <u>Moss Point</u> , Ms 39562 City State Zip Code Telephone No. 208 4-15-8600	Well Location Latitude: 088 33 452" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS $ME 4 NW 4$ Sec 35 Twn TES Rng Retwork Distance Direction Nearest Town Question Means Foirmer			
Pump Type Circle one Air Lift Jet Submersible	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor: IHP Setting Depth: DFT. Drephic feet Number of Stages: 2			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: $5/15/09$ Static Water Level (A): 10 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: 12 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: N/A feet Well yielded GPM with a drawdown of N/A feet after hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jack. Ridgdell 0-472 Print Name of Pump Installer and License No. (if applicable) MAY 2 6 2009				

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