	State W	ell Report	T. 07 0.1.			
County: Jackson	Part 1		For Office Use Only:			
County: JUCKSOY)	Mississippi Department of Environmental Quality		Aquifer:			
Permit #:	Office of Land and Water Resources		well#: M- 457			
Driller. Coast Water Well SRV	P.O. F	30x 10631	Well #: /// - 7.5			
	Jackson, M	IS 39289-0631	L. S. Elevation:			
Date drilling completed: 7-25-06	(601)	961-5210				
•	(601)354	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 Information Well Location						
Owner Name Virginia Brumfield		Latitude: 30 • 28 · 617 " Longitude: 088 • 27 · 246"				
Mailing Address: 930 FORS 9	ailing Address: 9320 Forsynthia DR. Method		ne): Conventional Survey,			
			GPS, Survey-grade GPS			
INCSTOINT Sta	McStoint MS 39562 City State Zip Code		TwnT65_RngR5W			
* <u>-</u>	Telephone No. 208 475-6614 Distance Direction Miles Sourm		Nearest Town of Helena			
	Well 1	Data				
Purpose of Well (circle one) Home Ind	•		Other:			
Date well drilling started: 7-35	Date v	vell drilling completed:	-25-06			
If flowing, method of flow regulation: Va	lve WA- Other (d	escribe)				
Static Water Level:feet ab	pove or below circle one) l	and surface Date measured:	7-25-06			
	teel tape electric tape					
Hole depth: 67' Well de	oth: 67'	Well grouted to a depth of _	/ O feet			
Type of grout (circle one): Cement	Bentonite Mix		0.10			
Casing length: 57 feet Casin	ng diameter:	inches Type of casing:	PVC			
	en diameter:	inches Type of screen:	PUC			
Screen slot size: * OOFinches	Setting depth: From _		p 7 feet			
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development			
	Other (describe):					
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, constr	ucted, and completed in a	ccordance with all applicable	requirements of the Mississippi			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
Jack Ridgdell O	472	Jack	Ridden			
Print Name of Water Well Contractor and	License No.	Ingnature of	Water Well Contractor			
L.,			RECEIVED			

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If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	10
Top Soil.	0	2
Brown Clay White Coarse Sand	1,3	20
White Conride Sand	30	67
WIN TO COOK CO.		
		\vdash
		\vdash
	_	\vdash
	_	
		\vdash
	- 	
		
		
		
	-	

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 paid in locating the well; 3) any roads, power lines, or other items that	permanent structures on the property and the well-
4) indicate direction.	
	x well X well Youse
	3y Mouse
	X well X well Drive
	A \
CODA RO	% \
7	
Landowner Name: Virginia Brumfield	

Signature of Water Well Contractor

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STATE WELL REPORT						
County: Jackson Permit #: Driller: Cast Water Well SRV Date completed: 7-25-06	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only: Aquifer: Well #: M - U 5 \(\) 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: Virginia By W. Mailing Address: 9230 Forsyn Moss Point City State Telephone No. (208) 475-66	mfield thia DR. Is 39562 Zip Code	Latitude: 36 28 617 10 37 Method of Lat/Long (circle on USGS quad, Hand	-held GPS) Survey-grade GPS 2 3 Twn 765 Rng R5W Nearest Town			
Pump Type		Por	wer Type			
Circle one		C	ircle one			
Air Lift (Jet)	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well	ł	(specify):			
Other (specify): Date Pump Installed: 7-26-6 Rated Pump Capacity: 9		Horse Power Rating of Motor:				
Pump Test Data		Method of Measuring Water Level				
Date Well Tested: 7-26-06 Static Water Level (A): 7 Feet Pumping Water Level (B): N/A Feet Drawdown [(B) - (A)]: N/A Feet Test Pumping Rate: 9	Below Land Surface Below Land Surface Below Land Surface	Other (specify): For flowing well, measured sh	suring Line Steel Tape Steel Tape Steel Tape			
Duration of Pump Test (minimum 4 hours):		Well yielded9	hours of pumping			
I HEREBY CERTIFY that the above staten Ben Ridgdell 0-7 Print Name of Pump Installer and License I	13P	Ben R'dall	/staller profil/EF			

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