Tarkasa	State We	-	For Office Use Only:	
County: JACKSON	Par Mississinni Denartment (	of Environmental Quality	Aquifer:	
Permit #:	Office of Land and	d Water Resources	well #: M-465	
Driller: COast Water Wellstr.	P.O. Bo Jackson, MS		L. S. Elevation:	
Date drilling completed: 12-26-06	(601)96		L. S. Elevation:	
	(601)354-		E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the di	riller in detail and filed w	ith the Department within	
Weil Owner Inform		Well	Location	
Dwner Name_William Aman		Latitude: <u>30 • 31 '580</u>	" Longitude: 088 • 24 · 479	
Mailing Address: 12100 Mt. V	ernon Rol. 1	Method of Lat/Long (circle or	e): Conventional Survey,	
			GPS) Survey-grade GPS	
Moss Point, Ms	39562	1 1/ 1/ 1/E 1/4 Sec 17 J Twn 76 5 Rng R 40		
		10 10	Nearest Town	
Telephone No. (228) 474 - 44	)2	51/2 Miles ENE	of <u>Helenn</u>	
	Well Da	ta		
Purpose of Well (circle one) Home Inc	dustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 12-0				
If flowing, method of flow regulation: Va				
Static Water Level: 35feet a	•			
, ,	steel tape electric tape			
Hole depth: 105' Well de	pth:05'	Well grouted to a depth of	10feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: <u>15</u> feet Casi	ing diameter: 2	inches Type of casing:	DVC,	
Screen slot size:	Setting depth: From	7.) feet to	05_feet	
Type of completion (circle all applicable):	Gravel packed Underrea	amed Telescoped Open	hole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If teles	coped or more than one scre	en, describe on back of page	
Logs run (circle all applicable): No log ru	n) Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):				
I certify that the well was drilled, constr	ructed, and completed in acc	••		
Department of Environmental Quality	and/or the Mississippi Depa	rtment of Health regulations	and state laws.	
JOCK Ridadell 1	)-472	Jach	higher	
UNUF PMYULII I			×1	
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor	

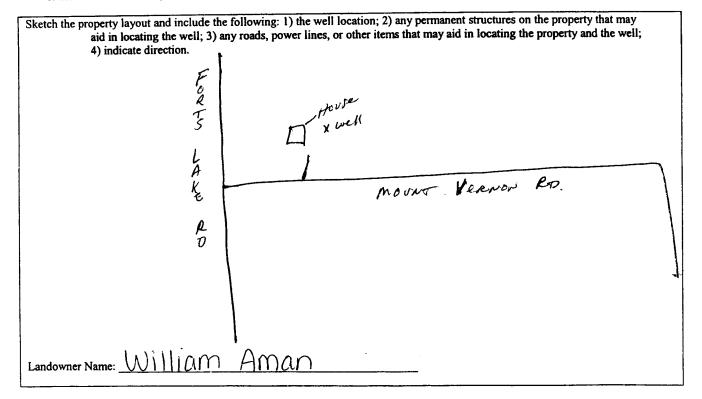
BY:	0		V	Y	R
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M-465

If well telescopes please sketch below and show depths.

	Description of Formations Encountered	From To
Ground Level	TOP SOL	02
	orange clau	210
	White coarse sand	10 45
	Blue clay	45 85
	Brown Coarse sand	85 105

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



fur Signature of Water Well Contractor

JAN 18 2007 BY: OLWR

	STATE W	ELL REPORT		
County: Jackson	Pump Installer Mississippi Departm Office of Lanc	Part 2 r's Completion Report ent of Environmental Quality i and Water Resources . Box 10631	For Office Use Only:	
Driller: COAST WATER WEI Date completed: 12-26-0	(0) (60	MS 39289-0631 1)961-5210 154-6938 (fax)	Well #: <u>M ~ 465</u> Elevation:	
This report should be prepa installation of pump.	red by the pump installer in de	tail and filed with the Departme	ent within 30 days of the	
Well Owner	Information	Wel	l Location	
Owner Name: William Aman		Latitude: <u>30°31'580</u> "	Longitude: 088° - 4' 479	
Mailing Address: 12100 Mt. Nernon Rd.		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand	-held GPS Survey-grade GPS	
MOSS POINT, MS 39562 City State Zip Code		$\frac{NW'_{4} NE'_{4} Sec_{7} Twn T6S}{Distance} Rng R 4W$		
Telephone No. (228) 474 - 6402		51/2 Miles ENE of HeleNA		
Pump		Power Type		
Circle			rcle one	
Air Lift Jet Bucket Piston	Submersible Turbine		e Engine Natural Gas	
Centrifugal Rotary	Flowing Well		Tractor PTO	
Other (specify):	-	Horse Power Rating of Motor:	specify): 1 HP	
Date Pump Installed: 12-27		Setting Depth: 60 Ft. CIDP pipteet		
Rated Pump Capacity:	_	Number of Stages:		
Pump Test Data			suring Water Level	
Date Well Tested: 10-0-		Air Line Electric Meas	suring Line Steel Tape	
Static Water Level (A): 35		Other (specify):	•	
Pumping Water Level (B): N				
Drawdown [(B) – (A)]: $N$	~	For flowing well, measured she	•	
Test Pumping Rate:	•	Well yielded 8		
Duration of Pump Test (minimum	4 hours):hours	N M feet after	hours of pumping	
I HEREBY CERTIFY that the abov JACK RidgdEll (	0-472	Jace Ri	flue	
Print Name of Pump Installer and L	icense No. (11 applicable)	Signature of Pump Ing	galler RECEIV	
		$\mathcal{O}$	JAN 1820	
			BY: OLW	