State V	Vell Report				
Tackson	Part 1	For Office Use Only:			
Mississippi Departine	and Water Resources	Aquifer:			
	Box 10631	Well #: 11-52-1			
Jackson,	I I	L. S. Elevation:			
Sand arming verification	) 961-5210 54-6938 (fax)	E-log #:			
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	State Law requires that this report be prepared by the driller in detail and filed with the Department within				
Well Owner Information		ocation			
Owner Name Melanie Rischer	Latitude: 30 ° 32 ' 094"	Longitude: 08°30', 106"			
Mailing Address: Nutbank Rd.	Method of Lat/Long (circle one)	): Conventional Survey,			
	USGS quad, Hand-held G				
Mossfoint, ms 39562	56 1/2 56 1/2 Sec 8	Twn T65 kng K5 W			
City State Zip Code	N W Distance Direction	Nearest Town			
Telephone No. (288) 326 - 8846	Distance Direction  4 Miles 5 W of	Big Point			
Weil	Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 10/31/08 Date	well drilling completed:	31/08			
If flowing, method of flow regulation: Valve NA Other (describe)					
Static Water Level:feet above or below (circle one)	land surface Date measured:	10/31/08			
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 200 FT. Well depth: 200 FT.	Well grouted to a depth of	10 feet			
Type of grout (circle one): Cement Bentonite Mix		N. 1			
Casing length: 196 feet Casing diameter: 3	inches Type of casing:	VC			
Screen length: 10 feet Screen diameter:inches Type of screen:					
Screen slot size: • OO4 inches Setting depth: From	196 feet to 20	O6feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: NA feet. If to	elescoped or more than one screen	n, 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, constructed, and completed in accordance with all applicable requirements of the Mississippi					
Department of Environmental Quality and/or the Mississippi Department of Health-regulations and state laws.					
Jack Kidgdell 0-472 Jack Kalgder					
Print Name of Water Well Contractor and License No.					

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Ground Lavel	Description of Formations Encountered	From	To
Ground Level		$\perp \upsilon$	2
	orange clay	13	LIS
	White coarse sand	15	25
į	Mange + White Clay	05	40
	Whitecoarsesand	140	$\square$
	Blue clay.	1720	186
	Gray medium Sand	186	<i>30</i> 6
	7,44,7,66		
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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) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the value of the property and the	nay vell;
K)	
NUTBANK RD.	
the wild we	
Let It & mixe	
Landowner Name: Melanie Rische	

Signature of Water Well Contractor

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## STATE WELL REPORT

## County: Tackson Permit #: Driller: Cast Water wells RV. Date completed: [0]31108

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
well #: M-52]		
Elevation:		

Driller CONST WOLLSRV Date completed: 0131 08	Jackson, MS 39289-0631 (601) 961-5210 (601) 354-6938 (fax)  Well #: /// 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	Well Location		
Owner Name: Mlanie Rische	Latitude: 30'33' 094" Longitude: 088°30' 106"		
Mailing Address: Nutbank Rd.	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Moss Point, Ms 395 City State Zip Coo	Sto SE 14 SE 14 Sec 8 Twn T65 Rng R 515		
City State	Distance Direction Nearest Town		
Telephone No. 208) 306 - 8846	4 Miles 55 W of Big Point		
	Danier Time		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Wel			
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 11/3/08	Setting Depth: 40FT. Drop Pipe feet		
Rated Pump Capacity:Gallons Per M	inute Number of Stages: 2		
	Mahalaf Massaira Water I and		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 11308	71 V V		
Static Water Level (A):Feet Below Land S	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): NA Feet Below Land Su	Other (specify):		
Drawdown [(B) – (A)]: NA Feet Below Land St	rrface For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per M	inute Well yielded 25 GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	nours NA feet after NA hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best	of my kn <del>ewie</del> dge.
John Elkins 0-7168	pullen
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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