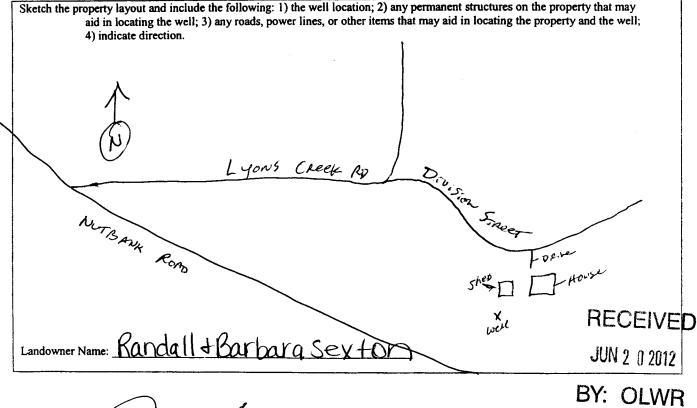
Talina		art l	For Office Use Only:	
County: Jackson	_	att I t of Environmental Quality	Aquifer: <u>M</u> <u>583</u>	
Permit A:		and Water Resources	_	
Driller wast Water Well SRV.	P.O. Box 10631		Well #:	
	i e	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 5/8//2	(601)	961-5210		
	(601) 354-6938 (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 Informa		Well	Location	
Owner Name Randall + Babara Sexton		Latitude: 30 31 503	}. Longitude <i>l</i> <u>88. 27:5458</u>	
Mailing Address: DIVISION Street		Method of Lat/Long (circle or	ne): Conventional Survey,	
USGS qua Han		USGS quad Hand-held	GPS Survey-grade GPS	
Mossfort Ms 39562 City State Zip Code		NG 14 NG 14 Sec 15 Twn ISS Rng REW		
City State Zip Code		Distance Direction	65 5W	
Telephone No. (208) 475-4943 Miles NE of Helewa				
Well Data				
Purpose of Well (circle out) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 5/38/12 Date well drilling completed: 5/28/12				
If flowing, method of flow regulation: Valve // Other (describe)				
Static Water Level: 10 feet above of below (circle one) land surface Date measured: 5/28/12				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: OIOFT Well depth: OIOFT Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 200 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length:				
Screen slot size: 1006 inches Setting depth: From 200 feet to 510 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: NA 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 Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack Ridadel 0-472 - Chart Rikdell				
Print Name of Water Well Contractor and License No. RECEIVED Signature of Water Well Contractor				

State Well Report

JUN 2 0 2012

ound Level	Prange Clay Drange Charge, Sand Bray Clay White Charse Sand Blue Clay Bray Coarse Sand	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Prange Coarde, Sand Pray Clay White Charse Sand Blue Clay	18 6 67 7 140 1- 1718
	Blueclay	140 i- 1718
	Blueclay	1461-
	Blue Clay Gray Coarse Sand	17/8
	stay COLISE. Salto	<i>1110</i>
		
į į		
d and the second of second or should		
more than one screen, show location of each on sketch		
the property layout and include the following: 1) the well locat	ion; 2) any permanent structures on the property	that may
aid in locating the well; 3) any roads, power lines, or oth	er items that may aid in locating the property and	the well;
4) indicate direction.	1	
)	



Signature of Water Well Contractor

Lewis Printing - Pascagoula, MS

STATE WELL REPORT

County: Jackson Permit #: Driller Cast Water Wilsev. Date completed: 5/28/12

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
(601) 061 5310

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

(601) 961-5210 (601) 354-6938 (fax) 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 Location Well Owner Information Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS NE 1/4 Sec 15 Direction Nearest Town Distance Miles NEPump Type Power Type Circle one Circle one Submersible Air Lift Diesel Engine Gasoline Engine Natural Gas **Bucket Turbine Piston Electric Motor** Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): N Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: __ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after NA hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my tarp wiede.
Jack Ridadell O-472 RECEIVED San Rileden
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

BY: OLWR