State W	ell Report	For Office Has Only	
	art 1	For Office Use Only:	
Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:	
, , , , , , , , , , , , , , , , , , ,	Box 10631	Well #: <u>N-920</u>	
Driller: Jackson, M	IS 39289-0631	L. S. Elevation:	
Duto drining volupioses. P. 101 See	961-5210 4-6938 (fax)	E-log #:	
	• •		
State Law requires that this report be prepared by the	driller in detail and filed w	rith the Department within	
30 days of completion of drilling of the well. Well Owner Information	Wel	Location	
Owner Name Mark Gray	Latitude: 30 • 25 , 936	" Longitude: <u>688-52 · 751 "</u>	
Mailing Address: 6201 ST. Martin	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held	GPS.) Survey-grade GPS	
BILOVI MS 39532 City State Zip Code	N6 1 SW 1 Sec 16	Twn 77 5 Rng R9W	
City State Zip Code Telephone No. ()	Distance DirectionMiles	Nearest Town of D'Riseeville	
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply			
Date well drilling started: 1-12-06 Date v	well drilling completed:	2-Uc	
If flowing, method of flow regulation: ValveNA Other (d	lescribe)		
Static Water Level:feet above or below (circle one)	land surface Date measured:	1-12-06	
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 2741 Well depth: 2741	Well grouted to a depth of _	10 feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>AUH</u> feet Casing diameter: <u>A</u>	inches Type of casing:	Δ	
Screen length: 10 feet Screen diameter: 2	inches Type of screen:	PVC	
Screen slot size: • OOO inches Setting depth: From	364 feet to 6	74 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: 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):			
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.			
Department of Environmental Quanty and of the Prississippi Department of Health Jegulations and State 1885.			
Jack Ridgdell 0-472	Jack 1	Rifyder	
Print Name of Water Well Contractor and License No.	//Signature of	Water Well Contractor	
		UECEIAED	

JAN 26 2006

BY: OLWR

Ground Level		

Description of Formations Encountered	From	To
TOP SOIL	\boldsymbol{U}	2
Ocamae Clay	2	43
Blue Clay WistReaks OF Sand Gray Medium to	1/2	151
DIUC Tagwistrettes of Shire	72-	200
graymeaium to	ast	A.12
	 	
	 	
	 	
	 	
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following aid in locating the well; 3) any roads, p	g: 1) the well location; 2) any power lines, or other items that	permanent structures on the protest may aid in locating the prope	operty that may rty and the well;
4) indicate direction.			
4) indicate direction.			j
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		xwell-	-\\\\\\
			\vs
Landowner Name: Mark Gray			l

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT

County: Jackson	
Permit #:	,

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)961-5210

For Office Use Only:			
Aquifer:			
Well #: N- 920			
Elevation:			

Date completed: 1-12-06	, ,	961-5210 4-6938 (fax)		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	on I		Well	Location	
Owner Name: Mark Gray		Latitude: 30°2	.55		45
Mailing Address: 620 ST. MW	tinko	Method of Lat/Lon	``		-
		USGS o	quad, (Hand-l	neld GPS) Sur	vey-grade GPS
Biloxi Ms 3	9532 Zin Code	5F 1/2 SW	% Sec <u>/Ł</u>	Twn_ 77 2	S Rng R9W
City State	ap coo	Distance I	Direction	Nearest To	wn aw
Telephone No. (28) 8(01 - 5539		//4 Miles	EAST of	D'IBE	eville_
					·····
Pump Type Circle one				er Type cle one	
Air Lift Jet	Submersible	Diesel Engine	Gasoline	Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (s	pecify):	
Other (specify):		Horse Power Ratin	g of Motor:	1148	
Date Pump Installed: 2-16-06	·	Setting Depth:	PT. DRO	ppipe	_feet
Rated Pump Capacity: 8,5	Gallons Per Minute	Number of Stages:			_
Pump Test Data		Met		suring Water in the control of the c	Level
Date Well Tested: 2-16-06		Air Line E	lectric Meası	ıring Line	Steel Tape
Static Water Level (A): 25 Feet B	elow Land Surface	Other (specify):		_	
Pumping Water Level (B): N Feet B	elow Land Surface	- mer (aboom),			,
Drawdown [(B) – (A)]: NP Feet B	elow Land Surface	For flowing well, n	neasured shu	t in head:	JA feet
Test Pumping Rate: 8.5	Well yielded	Well yielded 8,5 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours	NIA	feet after	NIA ho	ours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Jack Ridgdell 0-472	my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump installer	y and the second
	U	140