State Well Report				
County: Sackson	P	art 1	For Office Use Only:	
Permit #: NA	Mississippi Department of Environmental Quality		Aquifer:	
Driller: Lyman Well		and Water Resources Box 10631	Well #: N-996	
·	Jackson, M	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 7/67/04		961-5210		
		4-6938 (fax)	E-log #:	
State Law requires that this rep- 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	ith the Department within	
Well Owner Informs	Well Owner Information Well Location		Location	
Owner Name West Jackson County UD			" Longitude: 88.51 .44.	
Mailing Address: 73/2 Rose Farm Rd		li de la companya de		
Metho		_	Method of Lat/Long (circle one): Conventional Survey,	
USGS quad, fland-held		GPS, Survey-grade GPS		
City Sta	Ocean Springs MS 39564 4 14		Twn_75Rng_94/	
Telephone No. (228) 381-04	Distance DirectionMiles		Nearest Town of	
	Well I			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: $\frac{1}{1000}$ Date well drilling started: $\frac{1}{1000}$ Date well drilling completed: $\frac{1}{1000}$				
If flowing, method of flow regulation: Valve $\frac{\sqrt{4}}{\sqrt{4}}$ Other (describe) $\frac{\sqrt{4}}{\sqrt{4}}$				
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7/06/06				
Melinod of Measurement (circle one)				
Hole depth: 440 Well depth: 800 Well grouted to a depth of 15 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 70 feet Casing diameter: 4 inches Type of essine P				
Screen length: 60 feet Screen diameter: / inches Type of screen: 611 South				
Screen slot size: 7008 inches Setting depth: From 740 feet to 800 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 Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Josh Ladger 0-640 Cal ViderCENED				
Print Name of Water Well Contractor and L	icense No.	Kignowa	RECEIVE	

N-996

## The shotch below only resulted for water wells

## Description of formations one content and by provided for all wells and boreholes, unless seesifically exempted by repolations

Description of Fernations Encountered	From (depth)	To (dap(h)
	Osound Level	
topsoil elsc	0	90
Prompsand	60	740
blueclac	140	210
blue clac	210	235
blue clay	235	330
5076	370	350
blueclan	350	340
rourse cond	390	500
blue claw course sound blue clay	500	700
Sand	700	860
		.
		<u> </u>
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		<del> </del>
		<del></del>
	<b></b>	-
	<u> </u>	

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

Sketch the property layers an aid in locating ( 4) a morth more	d include the following: 1) the well location; 2) may permanent structures on the property that may be well; 3) any roads, power lines, or other teams that may aid in locating the property and the well;
	MCANN Rd
	sewer 10 approx.
	la-lwell
Landowner Name:	

I carriety that the well-become defined, constructed, and completed in accordance with all applicable requirements of the Ministrippi Department of Environmental Quality and the Ministrippi Department of Health regulations, if applicable, and state laws.

Print Name of Respondible Licenses and License No.

Date

Signature of Licensee

RECEIVED

AUG 23 2006

BY: OLWR

## STATE WELL REPORT

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 (601)354-6938 (fax) Date completed:

For Office Use Only:			
Aquifer:			
Well #: N- 996			
Elevation:			

This report should be appeared by				
This report should be prepared by the pump installer in det installation of pump.	all and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: West Jackson County VI	Latitude: 202647 Longitude: 885/44			
Mailing Address: 73/2 Rose Farn Rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GP8, Survey-grade GPS			
City State Zip Code	14 Sec_ 14Tr/Twn_ 78 Rng 9 W			
	Distance Direction Nearest Town			
Telephone No. (238) 381-0447	Miles of			
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 Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 7/05/60	Setting Depth: /20 feet			
Rated Pump Capacity: / 00 Gallons Per Minute	Number of Stages:			
Pump Test Data  Method of				
Date Well Tested: VA	Method of Measuring Water Level Circle one			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): NA Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yielded / O GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): hours	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge				
Print Name of Pr				
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer ECEIVEL				

AUG 2 3 2006

BY: OLWR