	State We	ll Report	
County: Jackson	Par	-	For Office Use Only:
County: N		of Environmental Quality	Aquifer:
Permit #:	Office of Land and P.O. Box	Water Resources	Well #: <u>N-1051</u>
Driller: COast-Water WellsRV.	Jackson, MS		L. S. Elevation:
Date drilling completed 3/23/09	(601) 961-5210		E-log #:
	(601) 354-		
State Law requires that this repor 30 days of completion of drilling o	t be prepared by the di f the well.		
Well Owner Information	n		Location
Owner Name Billy Harris	I	Latitude: <u>30 • 21 · 70</u> <b>42</b>	Longitude <u>088. 44</u> . 917. 55
Mailing Address: Rose wood 1	srive !	Method of Lat/Long (circle on	
			GPS, Survey-grade GPS
Ocean Springs, 1 City State	MS 39564	NW 5W 1/2 Sec_12	Twn T85 Rng R8W
Telephone No. 228 218 - 4970	I	Distance Direction	Nearest Town of Ocean Spring S
	Weil Da	ta	
Purpose of Well (circle one) Home Indus	trial Dublic Sumply	Irrigation Fish Culture	Other:
Date well drilling started: <u>3733109</u>			x5/01
If flowing, method of flow regulation: Valve			
Static Water Level:feet abov	ve or felow (circle one) lan		3/23/09
Method of Measurement (circle one) stee	l tape electric tape	air line other:	
Hole depth: <u>197 FT.</u> Well depth	197 FT.	Well grouted to a depth of	[Ofeet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: <u>187</u> feet Casing	diameter:	inches Type of casing:	PVC
Screen length: <u>10</u> feet Screen	diameter: 2	inches Type of screen:	PVC
Screen slot size: • CCC inches	Setting depth: From	187 feet to	[97 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:	J/A feet. If teles	coped or more than one scre	en, 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):	4		
I certify that the well was drilled, construct	· •		• • • •
Department of Environmental Quality and	wor the Mississippi Depa		
Jack Kidgdell 0-4	72	- Janla	lifter
Print Name of Water Well Contractor and Li	cense No.	Signature of	Water Well Contractor
			n nantta sensam des fast strenes

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u Con	tractor			1
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N- 1051

If well telescopes please sketch below and show depths.

## Ground Level

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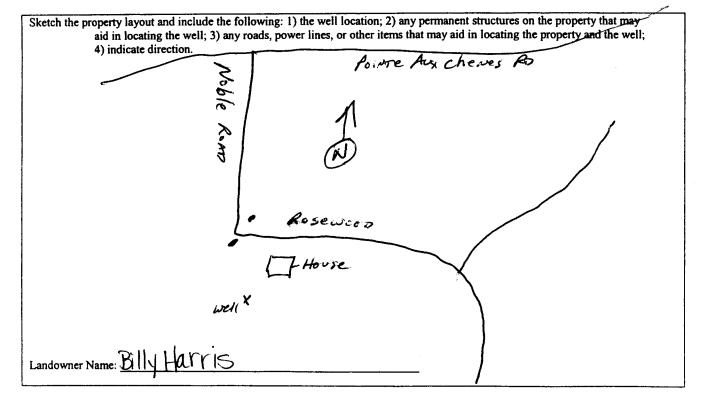
l Level	Description of Formations Encountered	From To	
	- TOPSOIL	D	
	White coarse sand	1 50	
	white + Bue, Clay	5060	
	White Coarse Sand	60 90	
	Blue class	90 lla	
		163197	
	Gray medium Sand		
	······		
	······································		
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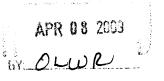
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If more than one screen, show location of each on sketch



Idue

Signature of Water Well Contractor



	STATE W	ELL REPORT		
County: Jackson Permit #: Driller Calif Water Well SRV. Date completed: 3/23/09	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)		For Office Use Only:         Aquifer:       N       IC       S       I         Well #:	
This report should be prepared by the	e pump installer in det	ail and filed with the Departn	nent within 30 days of the	
installation of pump. Well Owner Information Owner Name: Billy Harris Mailing Address: Bosewood Drive Qcean Springs, MS 3954 City State Zip Code Telephone No. (208) 218 - 4970		Well Location         Latitude: 080°44′54         Latitude: 080°44′54         A Q         Method of Lat/Long (circle one): Conventional Survey,         USGS quad, cland-held GPS, Survey-grade GPS         NW 1/4       SW       1/4       SW         Distance       Direction       Nearest Town         Q/Q       Miles       SE       of       OCEANSprings		
				Pump Type Circle one
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine Natural Ga	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTC	
Centrifugal Rotary Other (specify): Date Pump Installed: Rated Pump Capacity: 12.	Flowing Well Gallons Per Minute			
Pump Test Data		Method of Measuring Water Level Circle one		
Pumping Water Level (B): $N/A$ Feet B Drawdown [(B) – (A)]: $N/A$ Feet E	Below Land Surface Gallons Per Minute	Other (specify): For flowing well, measured s	GPM with a drawdown of	
I HEREBY CERTIFY that the above stateme JACK Ridgdell 0-47 Print Name of Pump thstaller and License No	2	of my knowledge. Signature of Pump I		

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