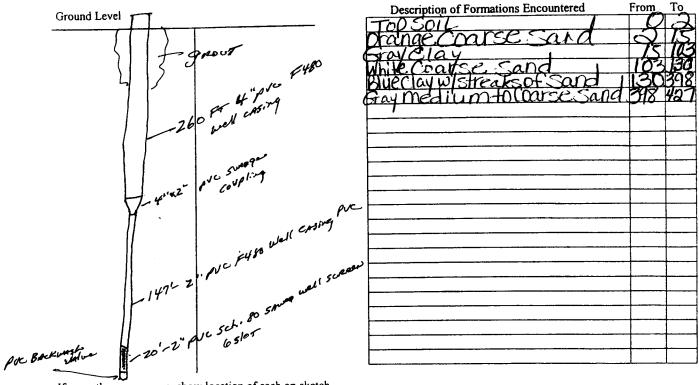
	State Well Report					
county: Jackson	Part 1	For Office Use Only:				
Permit #	issippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:				
Driller CASt Water Wellsev	P.O. Box 10631	Well #: NICCIE				
	Jackson, MS 39289-0631 (601) 961-5210	L. S. Elevation:				
Date drilling completed: <u>5-16-13</u>	(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 Information	We	Il Location				
Owner Name DOUG DeLuca/Kant		2 Longitude: 8. 46 12.64				
Mailing Address: 4010 Government St. Method of Lat/Long (circle one): Conventional Survey,						
/		d GPS, Survey-grade GPS				
Occan Springs, M	Zip Code ME NE NE 34	Twn 775 Rng R8W				
Telephone No 208 348 - 2259	Distance Direction	of Deen Sparings				
Well Data						
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: 5-14-13 Date well drilling completed: 5-16-13						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: <u>85</u> feet above on below (circle one) land surface Date measured: <u>5-16-13</u>						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: <u>427 FT</u> Well depth: <u>427 FT</u> Well grouted to a depth of <u>10</u> feet						
Type of grout (circle one); Cement Bentonite Mix Casing length: 47/X2," Freet Casing diameter: 4X2 inches Type of casing: PVC						
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>						
Screen slot size: <u>•000</u> inches Setting depth: From <u>401</u> feet to <u>437</u> feet						
Type of completion (circle all applicable): Grav	el packed Underreamed Telescoped Oper	n hole Natural Development				
Othe	er (describe):					
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one sci	een, describe on bask 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 pepartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
Tak P: Ladall a		is and state laws.				
MIKNIAYUKII 0-4	10 Jul 1	ligden				
Print Name of Water Well Contractor and Licenso	e No. Signature of	f Water Well Contractor				

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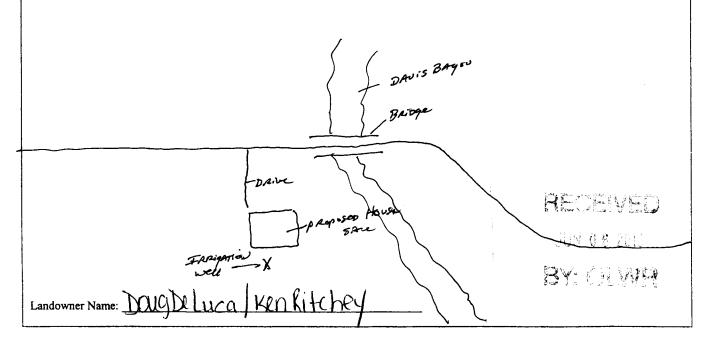
NICAK

If well telescopes please sketch below and show depths.



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 well; 4) indicate direction.



touch Ridgeleer Signature of Water Well Contractor

Lewis Printing - Pascagoula, MS

STATE WELL REPORT						
County: <u>Jackson</u> Permit # Driller(<u>iast Water Wei</u> lskv Date completed: <u>5-16-13</u>	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)		Aquifer: Well #: Elevation:	e Use Only:		
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 Owner Name: Doug DI LUCA /Kin Ritchey Mailing Address: 4010 BOVEY NMINT Street <u>Address: 4010 BOVEY NMINT Street</u> <u>Address: 4010 BOVEY NMINT Street Street</u> <u>Address: 4010 BOVEY NMINT Street St</u>		Well Location Latitude: 30 35 30 55 30 20 10 11 Method of Lat/Long (circle one): Conventional Survey, USGS quad, kland-held GPS Survey-grade GPS MW % MW % Sec35 Twn T75 Rng R8W NC NE 34 Nearest Town IM Miles of Ocean Spangs				
Pump Type Circle one		Power Type Circle one				
Air Lift Jet (Submersible	Diesel Engine Gase	oline Engine	Natural Gas		
Bucket Piston	Turbine	Electric Motor Har	d	Tractor PTO		
Centrifugal Rotary Flowing Well Other (specify):		Windmill Other (specify): Horse Power Rating of Motor: 3 Setting Depth: 6 Number of Stages: 10				
Pump Test Data Method of Measuring Water Level				evel		
Date Well Tested: <u>5-31-13</u> Static Water Level (A): <u>85</u> Feet Pumping Water Level (B): <u>N/A</u> Feet	Below Land Surface Below Land Surface Below Land Surface Gallons Per Minute		Circle one leasuring Line shut in head:	Steel Tape		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. JUCK KidgdCl J-4 D Juck Kulgdul Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						