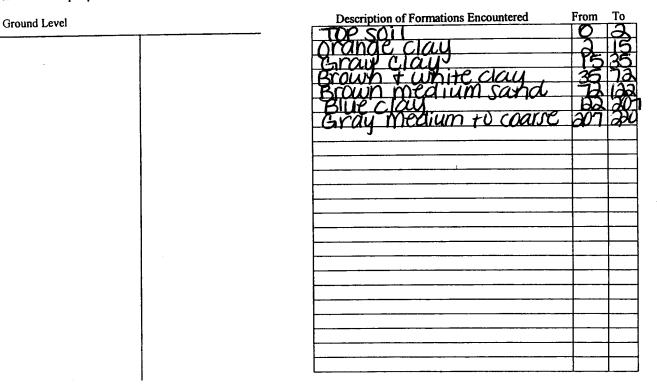
<i>"</i>		11 D					
		ell Report	For Office Use Only:				
County: Jackson	1	art 1					
	Mississippi Departmen	t of Environmental Quality	Aquifer:				
Permit #:		nd Water Resources	Well #: <u>Q - 5/D</u>				
Driller: COast Water Wellstv.		Box 10631					
	Jackson, IV	IS 39289-0631 961-5210	L. S. Elevation:				
Date drilling completed: 4-2700	(601)35	4-6938 (fax)	E-log #:				
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the solution of the well.						
Well Owner Informa		Wel	ll Location				
Owner Name JAMES GA	ston	- //	" Longitude ()8. 42, 112 "				
Mailing Address: U804 OCCAN	Springs Rd.	Method of Lat/Long (circle o	ne): Conventional Survey,				
			d GPS, Survey-grade GPS				
Ocean Springs 1	ns <u>39504</u> te ZipCode		Twn 77 5 Rng R7 W				
Telephone No. (28) 875 - [08]	0	Distance Direction Nearest Town <u>/N</u> Miles of GAUTICA					
	Well	Data	······································				
Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture					
Date well drilling started: $4-3$	7-010	well drilling completed:	-27-00				
Date well drilling started: 4-2		vell drilling completed:					
If flowing, method of flow regulation: Va	Ive NA Other (d	lescribe)					
	•						
Static Water Level:feet a	bove or velow (circle one)	and surface Date measured:	<u>4721-00</u>				
Method of Measurement (circle one) s	teel tape electric tape	(air line) other:					
Hole depth: 330 Well de	pth:	Well grouted to a depth of _	feet				
Type of grout (circle one): Cement $2 \mu \rho$	Bentonite Mix						
Casing length: <u>Casing</u> feet Casi	ng diameter:	inches Type of casing:	PVO				
Screen length: 10 feet Screen	en diameter:	inches Type of screen:					
Screen length:leet Screen		inches Type of screen.					
Screen slot size: • OOO inches	Setting depth: From _	A () feet to	feet				
Type of completion (circle all applicable):	-		n hole (Natural Development)				
	Other (describe):						
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one sc	reen, describe on back of page				
Logs run (circle all applicable) No log ru	Electric Gamma Ray	Density Sonic Neutron	Other:				
Name of organization running log(s):	JIA						
I certify that the well was drilled, const	ructed, and completed in	accordance with all applicabl	e requirements of the Mississippi				
Department of Environmental Quality	and/or the Mississippi De	partment of Health regulation	ns and state laws.				
Tack Ridadell	10-472		h Ridgdul				
Print Name of Water Well Contractor and	License No.	Signature o					
		<u>[]</u>					
		V	MAY 17 200				

BY: OLWR

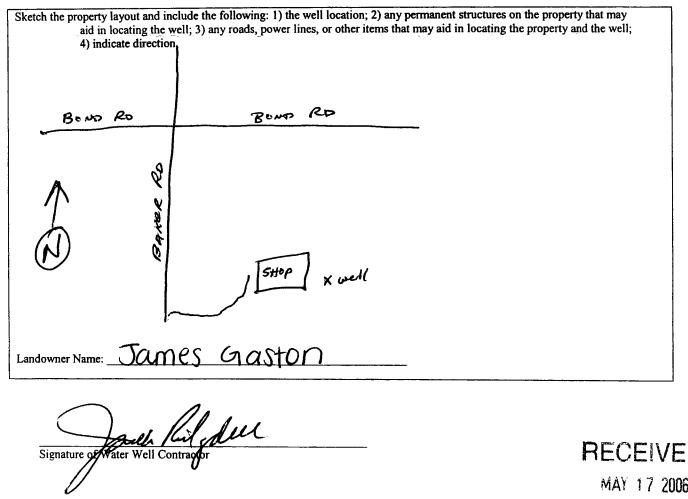
Q-510

If well telescopes please sketch below and show depths.

**م** '



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



RECEIVED MAY 17 2006 BY: OLWR

STATE WELL REPORT									
County: Jackson Permit #: Driller: Coast Water Well Srv. Date completed: <u>4-21-06</u>	Pump Installer's Mississippi Departmen Office of Land a P.O. E Jackson, M (601)	art 2 Completion Report t of Environmental Quality nd Water Resources 30x 10631 IS 39289-0631 961-5210 4-6938 (fax)	Y Aquifer: Well #:	well #: 0510					
This report should be prepared by the pinstallation of pump.		il and filed with the Depa		ys of the					
Well Owner Information		Well Location							
Owner Name: JAMES GAST	on	Latitude: <u>Dale all</u> Longitude: Opp 4'11a"							
Mailing Address: (0804 OCEAN SPI	rings Rd.	Method of Lat/Long (circle one): Conventional Survey,							
			Hand-held GPS, Sur						
Ocean Springe MS	<u>SE 1/ NE 1/2 Sec 17 TWNT75 Rng 740</u>								
City Glate	Dip Code	Distance Direction Nearest Town							
Telephone No. (2018) 875 - 681(	Miles 5 of Gautien								
Pump Type			Power Type						
Circle one			Circle one						
Air Lift Jet S	Submersible	Diesel Engine G	asoline Engine	Natural Gas					
Bucket Piston T	urbine	Electric Motor H	land	Tractor PTO					
Centrifugal Rotary F	lowing Well	Windmill C	Other (specify):	-0					
Other (specify):		Horse Power Rating of N	Aotor:	RECEIVED					
Date Pump Installed: 5-11-00		Setting Depth: <u>UD</u>	7. Drop Aipe	feer UN 1 5 200					
T (	allons Per Minute	Number of Stages:	2	BY: 01 14					
Pump Test Data		Method a	of Measuring Water I	Level					
Date Well Tested: 5-11-00		$\sim$	Circle one						
Static Water Level (A): 30 Feet Be	low Land Surface	Air Line Electric	Measuring Line	Steel Tape					
Nice	low Land Surface	Other (specify):	<u></u>						
Drawdown [(B) - (A)]:Feet Be	low Land Surface	For flowing well, measured	red shut in head:	IA feet					
Test Pumping Rate: <u>8.5</u> Ga	allons Per Minute	Well yielded 8.5	GPM with a d	rawdown of					
Duration of Pump Test (minimum 4 hours):	<u> </u>	NIA feet at	fter NIA ho	ours of pumping					
I HEREBY CERTIFY that the above statemen Ben Lidgd CII 0-7 Print Name of Pump Installer and License No.	13P	f my knowledge. Ban Signature of Pur							

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