State W	ell Report			
Pickson Pi	art 1 For Office Use Only:			
Mississippi Department	and Water Resources			
	nd Water Resources well #: <u>\$\$ - 519</u>			
	S 39289-0631 L. S. Elevation:			
	961-5210 I-6938 (fax) E-log #:			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within			
Well Owner Information	Well Location			
Owner Name Randy + Vicki Mason	$asch$ Latitude: $30 \cdot 34 \cdot 998$ " Longitude: $088 \cdot 38 \cdot 032$ "			
Mailing Address: 1453 Rue Gentilly	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Gautier Ms 39553	<u>SE 1/2 SE 1/2 Sec 24 Twn 175 Rng 1750</u>			
City State Zip Code Telephone No. (288) 990-9716	Distance Direction Nearest Town			
Well I				
Purpose of Well (circle one) (Home) Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: $8 - 12 - 06$ Date well drilling completed: $8 - 12 - 06$				
If flowing, method of flow regulation: Valve NA Other (describe)				
Static Water Level: 5 feet above or below (circle one) land surface Date measured: 8-13-06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>48'</u> Well depth: <u>48'</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 38 feet Casing diameter: 2	_inches Type of casing:			
Screen length:feet Screen diameter:	_inches Type of screen: <u>PVC</u>			
Screen slot size: <u>• 008</u> inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s): N/A				
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.				
Jack Ridgdell 0-47,2	hack thill the second			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor VED			
	AUG 2 3 2006			

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BY: OLWR

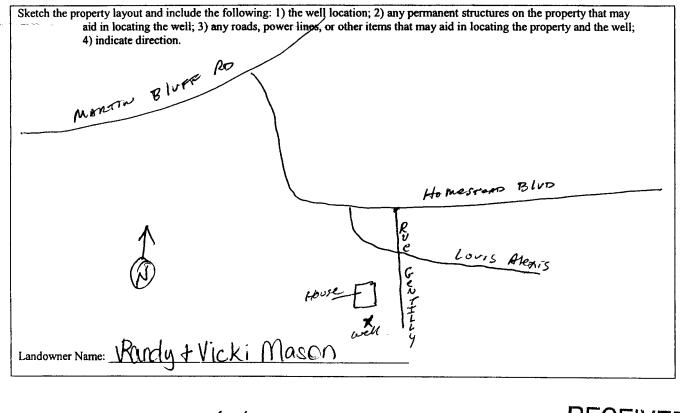
Q-519

If well telescopes please sketch below and show depths.

Gro

ound Level	Description of Formations Encountered	From To
	TOPSOIL	02
	Brown Clay	1212
	White (carse, Sand	50148
i i		
		
		<u>ll</u>

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



Signature of Water Well Contractor

RECEIVED AUG 2 3 2006 BY: OLWR

	STATE WI	ELL REPORT		
County: JOCKSON Permit #: Driller: COAST WATER WELLSRV Date completed:8-12-04	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Lond and Water Resources		For Office Use Only: Aquifer: Well #: <u>Q - 519</u> Elevation:	
This report should be prepared by th installation of pump.	ne pump installer in deta	ail and filed with the Departme	nt within 30 days of the	
Well Owner Informat	tion		Location	
Owner Name: Randy + Vicki M Mailing Address: 1453 RUCGE		Method of Lat/Long (circle on	DirectionLongitude:088° 38' 032250002Lat/Long (circle one):Conventional Survey,USGS quad, (Hand-held GPS)Survey-grade GPS5E 1/4Sec 24Twn 775Rng R7 WDirectionNearest Town	
Gaufier Ms : City State	Zip Code	<u>SE 1/4 SE 1/4 Sec 21</u>		
Telephone No. 638 990-97	6	$-\frac{1}{\sqrt{N}}$ Miles of	6 AUTIER	
Pump Type Circle one		Ci	wer Type ircle one	
Air Lift (Jet)	Submersible	Diesel Engine Gasolin	e 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:	1HP Goulds	
Date Pump Installed: 8-12-0			roppipe feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data	.		asuring Water Level	
Date Well Tested: $8 - 12 - 06$ Static Water Level (A): 5 Feet Pumping Water Level (B): N/A Feet Drawdown [(B) - (A)]: N/H Feet Test Pumping Rate: 11	Below Land Surface Below Land Surface Gallons Per Minute	Air Line Electric Meas Other (specify): For flowing well, measured sh Well yielded/	ut in head: <u>N/A</u> feet	
Duration of Pump Test (minimum 4 hours):	4hours		<u>N</u> hours of pumping	
I HEREBY CERTIFY that the above statem John Elkins 0-716 Print Name of Pump Installer and License N	ρ	of my knowledge. M May Signature of Pump In	RECEIVED	

а. **Т**

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