State W	ell Report	E. Offic H. Oaler				
1 Country \ 11 A (. P. \\ 1 / V . \	Part 1	For Office Use Only:				
Mississippi Departmen	nt of Environmental Quality and Water Resources	Aquifer:				
	Box 10631	well#: <u>0 - 524</u>				
Jackson, n	AS 39289-0631	L. S. Elevation:				
Date drining completes. 10 1 0 4	961-5210 4-6938 (fax)	E-log #:				
		ial al. D				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.						
Well Owner Information	1	Location				
Owner Name VINCE HOWARD	Latitude: 30 ° 33 '575)" Longitude (188 • 4 1407 "				
Mailing Address:	Method of Lat/Long (circle on	e): Conventional Survey,				
	USGS quad, (Hand-held	GPS Survey-grade GPS				
Gautier, MS 39553 City State Zip Code	5E 1/4 NE 1/4 Sec 38					
Telephone No. 28197 - 1310	Distance Direction 112 Miles West	Nearest Town of Gruster				
Weil	L Data					
Purpose of Well (circle one) Home Industrial Public Supply		Other:				
	1 -					
Date well drilling started: Date						
If flowing, method of flow regulation: Valve NA Cother (c						
Static Water Level:feet above on below (circle one) land surface Date measured:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 325' Well depth: 325'	Well grouted to a depth of	feet				
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 35 feet Casing diameter: a inches Type of casing: DVC						
Screen length:						
Screen slot size: <u>o OOO</u> inches Setting depth: From <u>315</u> feet to <u>325</u> feet						
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open l	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 Health regulations and state laws.						
- The initial sample between the control of the con	an ement of Meant Leguations	and state laws.				
Jack Ridgaell 0-472	Jack	Parfile				
Print Name of Water Well Contractor and License No.	Signature of V	Water Well Contractor				

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Description of Formations Encountered

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If more than one screen, show	location of each on sket	ch							
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ketch the property layout and incl	ude the following: 1) the	well location	1; 2) any	permanent	structure	s on the pro	perty that	may	
aid in locating the we	ell; 3) any roads, power li	ines, or other	items tha	at may aid	in locating	g the proper	rty and the	well;	
4) indicate direction.									
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Signature of Water Well Contr	Labell					÷		21.0	
Signature of Water Well Contr	Labell	144.0				÷		21.0	
Signature of Water Well Contr	Labell	144.5	-			÷		21.0	

If well telescopes please sketch below and show depths.

Ground Level

STATE WELL REPORT Part 2 For Office Use Only: County: JACKSON Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer. Office of Land and Water Resources Permit #: P.O. Box 10631 Driller Crast Water WEILS RV. Jackson, MS 39289-0631 (601)961-5210 Date completed: 10 - 4 -00 Elevation: (601)354-6938 (fax) 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 Location Well Owner Information 5''_ Longitude:<u>()\\ \</u> ince Howard Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad Hand-held GPS, Survey-grade GPS 56 1/4 NG 1/4 Sec 38 Twn T75 Rng R7W Distance Direction Nearest Town Telephone No. 028) 497-1310 1/2 Miles West of Garrien **Pump Type** Power Type Circle one Circle one Submersible Air Lift Jet Diesel Engine Gasoline Engine Natural Gas Bucket **Piston Turbine** Electric Motor Hand Tractor PTO Windmill Centrifugal Rotary Flowing Well Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: (DFt and DIDE) feet Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 15 5 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 35 Feet Below Land Surface Other (specify): Pumping Water Level (B): WH Feet Below Land Surface Drawdown [(B) - (A)]: V A Feet Below Land Surface For flowing well, measured shut in head: \(\infty\)/\frac{1}{4} feet Test Pumping Rate: S Gallons Per Minute Well yielded _____ 8 ___ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _______hours feet after N/A hours of pumping

	I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	Constitution of the second
	Jack Ridadell 0-472	and Rily	due 100 2 2 2005
L	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Insta	ller
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