State W	ell Report				
County Jackson P	art 1	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality and Water Resources	Aquifer:			
	Box 10631	Well #: <u>Q-530</u>			
Jackson, IV	IS 39289-0631	L. S. Elevation:			
	961-5210 4-6938 (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 w	with the Department within			
Well Owner Information	Wel	Location			
Owner Name William Fairley	Latitude: <u>30° He '596</u>	2" Longitude <u>088 • 42 · 0/3</u> "			
Mailing Address: 7020 Baker Rd.	Method of Lat/Long (circle or	ne): Conventional Survey,			
	USGS quad, Hand-held	GPS, Survey-grade GPS			
<u>Ocean Springs Ms 37565</u> City State Zip Code	NE 1/ NE 1/ Sec 17				
Telephone No. (208)875-0188	Distance Direction $\underline{\mathcal{S}}$ Miles $\mathcal{N}^{\mathcal{W}}$	Nearest Town of <u>Gaurien</u>			
Weil 1	Lata				
Purpose of Well (circle on Home) Industrial Public Supply Irrigation Fish Culture Other:					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above or below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>30FT</u> Well depth: <u>30FT</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: Casing diameter:					
Screen length:					
Screen slot size: <u>004</u> inches Setting depth: From <u>240</u> feet to <u>630</u> feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Top of lap pipe or reduction in casing: <u>N/A</u> 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): 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 0-4-72	Jank	e Rifdel			
Print Name of Water Well Contractor and License No.	Signature of				

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MAY 0 9 2007 -BY: OLWR

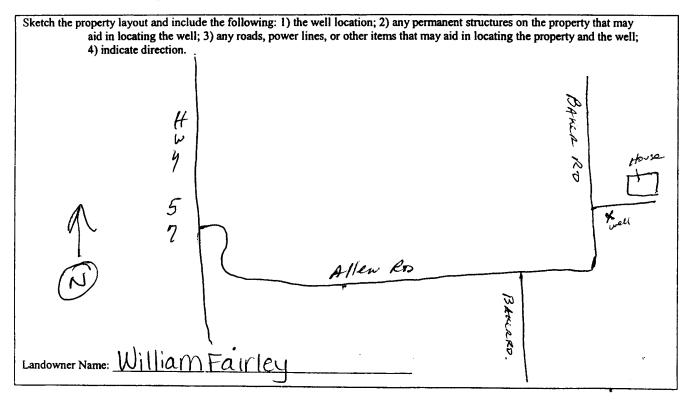
Q-530

If well telescopes please sketch below and show depths.

Ground Level

 Description of Formations Encountered Top Soil Orange Clay White Charse Sand Blue Clay White Coarse Sand Blue Clay Sray Medium Sand	From To 0 2 15 15 40 40 75 75 98 98 806 20 30

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



Juch Ruther Signature of Water Well Contrage

MAY 0 9 2007 BY: OLWF

County: Jackson Permit #: Driller: Coast Water WellSRV. Date completed: <u>49-07</u> This report should be prepared by the	STATE WELL REPORT 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) he pump installer in detail and filed with the Department		For Office Use Only: Aquifer: Well #: <u>2 - 530</u> Elevation: ent within 30 days of the
Inis report should be prepared by the installation of pump. Well Owner Information Owner Name: William Fairle Owner Name: William Fairle Mailing Address: 7030 Paker Ocean Springs City State Telephone No. 208, 875 - 0188	$\frac{29}{Rd}$	Well Latitude: $30 \times 6' 596$ 36 Method of Lat/Long (circle or USGS quad, Hand $NE \frac{1}{2} NE \frac{1}{2}$ Distance Direction	Il Location Longitude: <u>088° 43' 013</u> " ne): Conventional Survey, I-held GPS, Survey-grade GPS 7
Bucket Piston Centrifugal Rotary Other (specify): Date Pump Installed:	Submersible Turbine Flowing Well Gallons Per Minute	C Diesel Engine Gasolin Electric Motor Hand Windmill Other (• • •
Pump Test Data Date Well Tested:	elow Land Surface Gallons Per Minute	Ci Air Line Electric Mean Other (specify): For flowing well, measured sh Well yielded 8.5	ut in head: N/A feet
I HEREBY CERTIFY that the above statemen Jack Ridgdell 0-4 Print Name of Pump Installer and License No	72	f my knowledge. Signature of Pump Ins	Beceiver MAY 0 9 201 BY: OLW

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