,	State well kepuit		For Office Use Only:		
County: Dackson	Part 1		•		
County: Dec 1301	Mississippi Department	t of Environmental Quality	Aquifer:		
Permit #:	Office of Land a	nd Water Resources	Well #: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Driller: Coast Water Well Ser		30x 10631			
	Jackson, Ivi	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 3-26-08	1 , ,	961-5210			
	[601] 35	4-6938 (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 Inform		Wel	Location		
		Latitude: 30 ° 23 '386" Longitude 088° 43, 466			
Mailing Address:/	′ /		Method of Lat/Long (circle one): Conventional Survey,		
Hamilt Farm Rd.		USGS quad, (Hand-held GPS,) Survey-grade GPS			
Ocean Springs MS. 39564		NF1/2 564/4 Sec 31 Twn 775 Rng R7W			
City State Zip Code Telephone No. (228) 990 - 3593		Distance Direction Nearest Town Miles Engl of Beam Springs			
(6/40)					
	Weil I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 3-26-08 Date well drilling completed: 3-26-08					
If flowing, method of flow regulation: Va	If flowing, method of flow regulation: ValveOther (describe)				
Static Water Level: 25 feet above on below (circle one) land surface Date measured: 3-26-08					
Method of Measurement (circle one) steel tape electric tape (air line) other:					
Hole depth: 210 Well depth: 210 Well grouted to a depth of feet					
Type of grout (circle one): Cement Rentonite Mix					
Casing length: 200 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length:feet Screen diameter:inches Type of screen:					
Screen slot size: <u>. OOS</u> inches Setting depth: From <u>200</u> feet to <u>210</u> feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open 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.					
Jack Riddell 0-472 Jack Riddurger 10 2008					
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor No.			Water Well Contractor M P		
		1 /			

State Well Report

Ground Level	Description of Formations Encountered	ed From	To
	Jop Soil	<u> </u>	3
	arlite parse hand	- 2	3
	Can Vala	2/	3/
	Will telashar Sand	36	50
	Orker Clair	54	73
	White Coarse Land	75	10
	Blue Clay	100	15
	gray Medulm Land	155	18
	Blus Clary	185	17.
	gray carsi sand	175	12
	, ,		
			
			\vdash
			
		 	L
f more than one screen, show location of each on sketch	,, 🗸		
	6		
th the property layout and include the following: 1) the well lo	ocation; 2) any permanent structures on the pro	operty that may	
th the property layout and include the following: 1) the well lo aid in locating the well; 3) any roads, power lines, or	ocation; 2) any permanent structures on the proof other items that may ad in locating the prope	operty that may rrty and the well;	
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th the property layout and include the following: 1) the well load aid in locating the well; 3) any roads, power lines, or 4) indicate direction. OLD Spaw: 8h TRA;	other items that may add in locating the prope	operty that may orty and the well;	
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Signature of Water Well Contracted

RECEIVED

APR 1 0 2008

BY: OLWR

STATE WELL REPORT

Part 2

county: <u>Jackson</u>

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:		
Aquifer:		
Well#:	_	

Permit #:	Office of Land and Water Resources				
Drille Coast Waterwell SKV.	P.O. Box 10631 Jackson, MS 39289-0631		Well #: \ \ \ -547		
	2401W01.1, 1.	961-5210			
Date completed: 3-26-08	(601)354-6938 (fax)		Elevation:		
This report should be prepared by the installation of pump.	ie pump installer in deta	il and filed with the Departmen	et within 30 days of the		
Well Owner Informat	ion	Well Location			
Owner Name: Randy Mason/Trendsetters		Latitudk: 30° 33′ 386″ Longitude 088° 43′ 466″			
Mailing Address: HAMILI Farm Rd		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held GPS Survey-grade GPS			
Ocean Springs Ms 37564 City State Zip Code		NE 1/2 5W 1/4 Sec 31 Twn 775 Rng R7W			
Chy State	City State Zip Code		Distance Direction Nearest Town		
Telephone No. 208) 990-3593		2 Miles EAST of DCOAW Sparrys			
Pump Type Circle one		1	er Type cle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (sp	pecify):		
Other (specify):		Horse Power Rating of Motor:	149		
Date Pump Installed: 3-37-08		Setting Depth: 40FT. Droppipe feet			
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	-		
Power Total Date		3.6.41 3.636			
Pump Test Data Date Well Tested: 3-37-08			suring Water Level		
	Polovi Land Surface	Air Line Electric Measu	iring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface		Other (specify):			
- 1	Below Land Surface		,		
Drawdown [(B) – (A)]: NA Feet Below Land Surface		For flowing well, measured shut	t in head: NA feet		
Test Pumping Rate:	Gallons Per Minute	Well yielded 20	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours		NA feet after	N/A hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of m	y knowledge.	RECEIVED
John Elkins 0-716P	John Ellin	APR 1 0 2008
Print Name of Pump Installer and License No. (if applicable)	/ Signature of Pump Installer	DV CHAR
		BYON