	State Well Report					
County: Jeckson	Part 1	For Office Use Only:				
Permit #: Mississi	ppi Department of Environmental Quality	Aquifer:				
Driller: Lana Well	Office of Land and Water Resources P.O. Box 10631	Well #: \\ \D- 549				
	Jackson, MS 39289-0631					
Date drilling completed: 5/15/08	(601)961-5210	L. S. Blevation:				
	(601)354-6938 (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 Information		ll Location				
Owner Name Gres Williams		1				
Mailing Address: 1000 N Halstead	<i>てつと</i> / 1	Latitude: 30 ° 2/ ' 45 " Longitude: 88° 43 · / 7 " Method of Lat/Long (circle one): Conventional Survey,				
Acen Socials Ms	USGS quad, Hand-hel	USGS quad, Hand-held GPS, Survey-grade GPS				
City Springs MS		7 Twn 85 Rng 2W				
Telephone No. (238) 875-2582	Distance DirectionMiles	Nearest Town of				
	Well Data					
Purpose of Well (circle one) Home Industrial						
Date well drilling started: 5/5/08	Public Supply Irrigation Fish Culture	Other) Test 1/e//				
Date well drilling started: 5/5/08 Date well drilling completed: 5/15/08 If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: Other (describe) Static Water Level: feet above or below (circle one) land surface Date measured: 5//5/08						
Treation of Mcasurement (circle one) steel town						
Hole depth: 1054 Well depth: 490 Well grouted to a depth of 16 feet Type of grout (circle one): Cement (Part)						
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 460 feet Cosing the						
Screen slot since Screen diameter: 4 inches Type of screen: 546						
inches Setting denth: Brown 44.00						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
. 6	escribe):	noic statural Development				
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:						
- Table of Organization minimum looks). Privil Pri						
r terrify that the well was drilled, constructed, and completed in a constructed in a constructed.						
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
Josh hadrer 0-640	of Meaning regulations	and state laws.				

Print Name of Water Well Contractor and License No.

JUN 0 2 2008

BY: OLWR

Signature of Water Well Contractor

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			Chound Lovel	
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		Sand	3.50	122
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1		Sand	450	400
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If more than one seroes, s	how location of such on steach			
testok the property layout and	melade the following: 1) the w	all location; 2) may returnment statement on the	property that may	, —
ketch the property layout and aid in locating th 4) a north arrow.	o well; 3) any made, power line	will location; 2) may preminent structures on the m, or other stame that may aid in locating the pre-	property that may operty and the we	H;
4) a morth move.	o well; 3) any made, power line	will location; 2) may preminent structures on the m, or other stame that may aid in locating the pre-	property that may operty and the we	H;
AND AT FOCUSION (II)	o well; 3) any made, power line	n, or other stame that may aid in locating the pro	oberith sing are men	HI;
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4) a morth move.	o well; 3) any made, power line	n, or other stame that may aid in locating the pro	oberith sing are me	1

I carries that the well/bereke is was drilled, estantracted, and completed by accordance with all applicable requirements of the Mississippi Department of Devironmental Chality and the Mississippi Department of Health repulsions of applicable, and determined

Josh Ladner O-GUD

Print Nume of Haspsunible Linemes and License No.

5/28/18

There-

Signature of Licensee

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BY: OLWA

STATE WELL REPORT

County: \[\sum \lambda \lambd	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)		For Office Use Only: Aquifer: Well #: Elevation:		
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 Owner Informa		Well Location			
Owner Name: breg Williams		Latitude: 312/45 Longitude: 884317			
Mailing Address: 1000 NHalstead, STEC		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand	i-held GPS, Survey-grade GPS		
Ocean Springs M5 39566 City State Zip Code		1/41/4 Sec			
City State	City State Zip Code		Distance Direction Nearest Town		
Telephone No. (228) 875-258	1		of		
Telephone 140. (228) 3 1) K 2 3 8		Nines	J1		
Pump Type Circle one		1	ower Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):		Horse Power Rating of Moto	r: 5Hp		
Date Pump Installed: 5/13/01/2		Setting Depth:	feet		
Rated Pump Capacity: 85		Number of Stages:			
Pump Test Data	1		easuring Water Level Circle one		
Date Well Tested: 5/12/08		Air Line Electric Me	easuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface		Other (specify):			
Pumping Water Level (B): 108,5 Fee		(- <u>F</u>)//			
Drawdown [(B) – (A)]: 33 Feet Below Land Surface		For flowing well, measured s	shut in head:feet		
Test Pumping Rate:Gallons Per Minute		Well yielded 75 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 4 hours 3 3 feet after 4 hours of pumping					
I HEREBY CERTIFY that the above state Sosh Lalaer - 0 - 64 Print Name of Pump Installer and License	0	of my knowledge.			

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JUN 0 2 2008