· · ·	State W	ell Report	F					
County: Jackson		art 1	For Office Use Only:					
County: JULACE I		of Environmental Quality	Aquifer: 0 576					
Permit #:	Office of Land and Water Resources		Well #:					
Driller mostuakruellsky	P.O. Box 10631 Jackson, MS 39289-0631							
Date drilling completed: 6-7-11		961-5210	L. S. Elevation:					
Date onling completed:		4-6938 (fax)	E-log #:					
State Law requires that this rep	ort be prenared by the	driller in detail and filed v	with the Department within					
30 days of completion of drilling	of the well.		······································					
Well Owner Informs		Well Location						
Owner Nam Gary Koberts		Latitude: 30.21,43	8. Longitude: 08 37. 15.18.					
Mailing Address: 1416 WESley	an st.	Method of Lat/Long (circle one): Conventional Survey,						
		USGS quad Hand-heid GPS, Survey-grade GPS						
Gautier, M:	<u>539553</u> te Zip Code	<u>SE 1/2 SE 1/2 Sec 14</u> Twn <u>785</u> Rng <u>R17</u> W						
Telephone No. 208) 219-123	•	Distance Direction Nearest Town <u>IN</u> Miles of <u>GAUTER</u>						
	Well Data							
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:								
Date well drilling started: Date well drilling completed:								
If flowing, method of flow regulation: Va	· ·							
Static Water Level:feet at	ove of below (circle one) l	and surface Date measured	6-7-11					
	teel tape electric tape	air line other:						
Hole depth: <u>TOFT</u> . Well dep		Well grouted to a depth of _	<u> </u>					
Type of grout (circle one): Cement			Qua.					
Casing length: <u>SO</u> feet Casing diameter: <u>A</u> inches Type of casing: <u>PVC</u>								
Screen length: 10feet Screen diameter:inches Type of screen:VC								
Screen slot size: • COC inches	Setting depth: From _	SD feet to	70 feet					
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Ope	n hole Natural Development					
Other (describe):								
Top of lap pipe or reduction in casing: MA feet. If telescoped or more than one screen, describe on back of page								
Logs run (circle all applicable) No log ru	n) Electric Gamma Ray	Density Sonic Neutron	Other:					
Name of organization running log(s):	V/A ucted, and completed in a	eccordance with all applicabl	e requirements of the Mississinni					
Department of Environmental Quality a		••	•					
T. I Piliu								
Jack Kidadell O	-472	Jack N	in flee					
Print Name of Water Well Contractor and	License No.	Signature o	f Water Well Contractor					
			Lewis Printing - Páscagoula, MS					

, .

Lewis Printi	na -'	Pás	cào	ioula.	MS

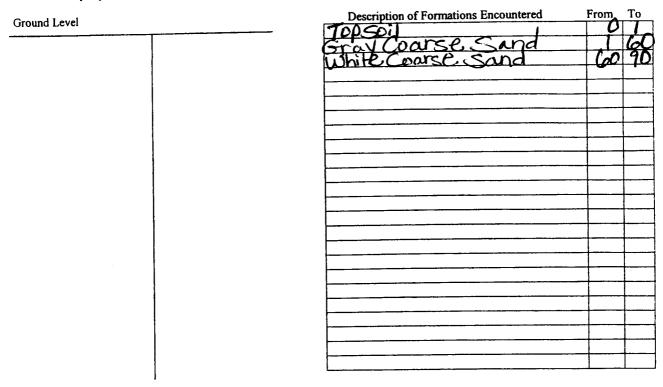
0576

If well telescopes please sketch below and show depths.

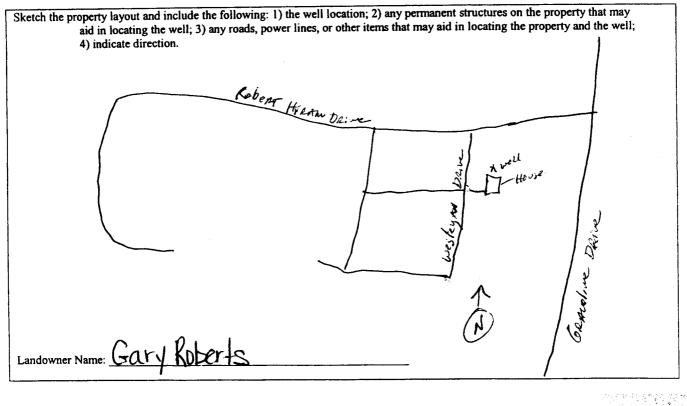
٠

.

,



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



Rudden Signature of Water Well Contractor

Lewis Printing - Pascagoula, MS

	STATE WE	ELL REPORT			
County Jackson	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only: Aquifer:		
Permit #: Driller COSt Water WellSRV	Office of Land a P.O. I	nd Water Resources 30x 10631 1S 39289-0631	Well #:		
Date completed: 6-7-11	(601)) 961-5210 54-6938 (fax)			
This report should be prepared by th installation of pump.	ne pump installer in deta	il and filed with the Departme	ent within 30 days of the		
Well Owner Informat	tion	Well Location			
Owner Name Gary Roberts	>	Latitude: 302143 08 Longitude: 088 39/15.18			
Mailing Address: 1416 Westey	an st.	Method of Lat/Long (circle one): Conventional Survey,			
			d-held GPS, Survey-grade GPS		
Gautier, M	<u>s 3955</u> 3 _{Zip Code}	<u>SE 1/2 SE 1/2 Sec 1/4 Twn T85 Rng R7W</u>			
City State Elp Code		Distance Direction Nearest Town			
Telephone No. (208 219-123	31	of <u>Gaurter</u>			
		De	ower Type		
Pump Type Circle one			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		(specify):		
Other (specify):		Horse Power Rating of Motor	r		
Date Pump Installed: 68		Setting Depth: 40FT.	<u>Drop Pipeseet</u>		
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:			
Pump Test Data			easuring Water Level Circle one		
Date Well Tested:			asuring Line Steel Tape		
Static Water Level (A):Feet Pumping Water Level (B):Feet		Other (specify):			
Drawdown [(B) – (A)]: NA Feed		For flowing well, measured s	shut in head: NA feet		
Test Pumping Rate: / 2		Well yielded	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	: <u> </u>		hours of pumping		
I HEREBY CERTIFY that the above states	ments are true to the best $(1, 1)$	of my knowledge.	hilde		
Print Name of Pump Installer and License	No. (if applicable)	Signature of Pump I	installer		
		0			

,

¢