	State W	'ell Report		
County Jackson		art 1	For Office Use Only:	
County: JUCKSOY)		t of Environmental Quality	Aquifer: <u>4581</u>	
Permit #:	:	and Water Resources Sox 10631	Well #:	
Driller OBHWATER WELSEN	_,_,	S 39289-0631	L. S. Elevation:	
Date drilling completed: 1-13-13	(601)	961-5210		
	(601) 35	64-6938 (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 Informa		Wel	Location	
Owner Name Glenn Teell, S	Owner Name Glenn Teell, Sr.		Latitude: 30 · 22 · 12.90" Longitude: 055-37 5653	
Mailing Address: 1917 Tradewinds		Method of Lat/Long (circle one): Conventional Survey,		
<u> </u>			GPS Survey-grade GPS	
Cautier, Ms City Sta	Gautier, MS 39553 City State Zip Code		JE 1/4 5W1/4 Sec 15 1 Twn 785 Rng R7 W	
Telephone No. (28) 497-968	Telephone No. (28) 497-9681		Distance Direction Nearest Town /N Miles of GAUTIER	
	Well 1	l Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 1-13-12 Date well drilling completed: 1-13-12				
If flowing, method of flow regulation: Valve N/A Other (describe)				
Static Water Level: 10 feet above or below (circle one) land surface Date measured: 1-13-12				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 70 FT. Well depth: 70 FT. Well grouted to a depth of 6eet				
Type of grout (circle one): Cement	Bentonite Mix		04	
Casing length: 55 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size: 1006 inches Setting depth: From 55 feet to 70 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: N/A 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): NA 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.				
	or the tripologiphi De	har timent of treatm legitation	101	
Jack Kidgdell C)-472		Kilgher FER 6 8 201	
Print Name of Water Well Contractor and	License No.	/ Signature of	Water Well Contractor	

If well telescopes please sketch below and show depths.		
Ground Level	Description of Formations Encountered	From To
	White Coarse Sand Blue Clay White Coarse Sand	10 50 50 7

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name Theoretics St.

Signature of Water Well Contractor

FEB 88 7877

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STATE WELL REPORT

County: Jackson

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

For Office Use Only:		
Aquifer:		
Well #:	Ø581	
Elevation:		

Diffici Company		13 39269-003 1		
Date completed: 1-13-13	•) 961-5210 54-6938 (fax)	Elevation:	
		` ,		
This report should be prepared by th installation of pump.	e pump installer in deta	il and filed with the Departmen	nt within 30 days of the	
Well Owner Informat	ion	Well Location		
Owner Name: GlennTeele, S	Sr.	Latitude 20° 22' 12.90	Longitude: <u>088° 39' 5652"</u>	
Mailing Address: 1917 TradeW	oints_	Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, (Hand	-held GPS Survey-grade GPS	
Gautier MS 39553 City State Zip Code		JE 1/4 SW 1/4 Sec 15 Distance Direction	Twn_T85 Rng R7W Nearest Town	
Telephone No. (208)497,-9681		_/N Miles of 6AVTER		
		Dow	ver Type	
Pump Type Circle one			rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (specify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: 1-14-12		Setting Depth: OFT. D	rop Pipe seet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of Mes	asuring Water Level	
Date Well Tested: 1-14-12			rcle one	
Static Water Level (A): CFeet Below Land Surface		Air Line Electric Meas	suring Line Steel Tape	
Pumping Water Level (B): NA Feet Below Land Surface		Other (specify):		
Drawdown [(B) – (A)]: NA Feet Below Land Surface		For flowing well, measured sh	ut in head: NA feet	
Test Pumping Rate: 12 Gallons Per Minute		Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		NA feet after	NA hours of pumping	
		* · · · · · · · · · · · · · · · · · · ·		
I HEREBY CERTIFY that the above statem	ents are true to the best o	f my knowledge.	11.	

I HEREBY CERTIFY that the above statements are true to the best of n	ny knowledge. Jan hutylus	<u>. </u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	//	

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