State Well Report					
	art 1	For Office Use Only:			
Mississippi Department	of Environmental Quality	Aquifer:			
	nd Water Resources	Well #:			
	Sox 10631 S 39289-0631	L. S. Elevation:			
10101	961-5210	L. S. Elevation.			
	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 Information	Well	Location			
Owner Name Chuck Wens	Latitude: 30 • 22 : 31.0	Longitude 188 · 42 · 24.60			
Mailing Address: Graveline foin-	Method of Lat/Long (circle one	e): Conventional Survey,			
	USGS quad Hand-held	GPP, Survey-grade GPS			
Crean Springs, MS 35 514 NW/ SE 1/2 Sec_ 5		Twn T85 Rng R7W			
Telephone No. (208) 806-3168	Distance Direction Miles Sw	Nearest Town of GANTER			
Well I	Data	1 47.112			
Duman of Well (simila and Hama) Industrial Bublic Supply	Irrigation Fish Culture	CHER TRAGATED			
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: Valve N/A Other (de		•			
Static Water Level: 8D feet above or below (circle one) land surface Date measured: 10/17/12					
Method of Measurement (circle one) steel tape electric tape	aff line other:				
Hole depth: 518 FT Well depth: 518 FT	Well grouted to a depth of	(O feet			
Type of grout (circle one): Cement Bentonite Mix Casing length: 422 inches Type of casing:					
Screen length: A feet Screen diameter: A inches Type of screen: PVC					
Screen slot size: • 006 inches Setting depth: From 498 feet to 518 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): 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.					
Jack Ridgell 0-472	Jack .	Lifele			
Print Name of Water Well Contractor and License No.	Signature of V	Water Well Contractor			

If well telescopes please sketch below and show depths.

0 17 1 1		Description of Formations Encountered	LIOIII	10
Ground Level		orange clay	0	$\boldsymbol{\mathcal{A}}$
	Enbor Energy many	Gray May	A	70
سمه ۱ ۱ ۱	المستريكيليون	milib Mohrees Sand	10	$\mathcal{A}\mathcal{O}$
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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.
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The State of the s
File State of the
MARY MAHOMEY DERIC
Landowner Name: Chuck Weems

Signature of Water Well Contractor

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STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 0588 Jackson, MS 39289-0631 (601) 961-5210 Elevation: (601) 354-6938 (fax) 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 Location Well Owner Information Method of Lat/Long (circle one): Conventional Survey. Mailing Address Tav USGS quad Hand-held GPS Survey-grade GPS SE 1/4 Sec 5 Twn TSS Rng R7 W Distance Direction Nearest Town Telephone No. 2008 806-2168 Pump Type **Power Type** Circle one Circle one Gasoline Engine Submersible Diesel Engine Natural Gas Air Lift Jet Turbine Electric Motor Hand Bucket **Piston Tractor PTO** Flowing Well Windmill Centrifugal Rotary Other (specify): Horse Power Rating of Motor: Other (specify): Date Pump Installed: Rated Pump Capacity: Gallons Per Minute Number of Stages: _ Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): N Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: 30 Test Pumping Rate: _ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 5 feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of Sock Regards 0-473	my knowledge. Jass Rifdel	
Print Name of Pump installer and License No. (if applicable)	Signature of Pump Installer	

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