т.,	70.	art 1	For Office Use Only:
County: Jackson	ł	of Environmental Quality	Aquifer:
D		nd Water Resources	
Permit #:		ox 10631	Well#: <u>4592</u>
Driller COSTWART WELLSRY		S 39289-0631	L. S. Elevation:
Date drilling completed: $\frac{5/9/13}{}$	•	961-5210	L. S. Lievation.
Date drilling completed: 1/10		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.			ith the Department within
Well Owner Informa		Well	Location
Owner Name Nick Richards		Latitude: 30. 23.43.8	Longitude 188 38 , 106 "
Mailing Address: 3732 Seami		Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Carling Ma	20552	ALE WALE WE 3/V	Twn T75 Rng R7 W
Gautier, Ma	to Zin Code	No 4 NF 4 Sec 76	I Wh_/_/3 Rhg/C / 55
Telephone No. <u>88 497-03</u>		Distance Direction Miles	Nearest Town of SAUTI UP
	Well I)ata	8
Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 5-8-13	Date w	vell drilling completed:5_	9-13
If flowing, method of flow regulation: Va			
Static Water Level: 10 feet a	bove or below (circle one) l	and surface Date measured:	5-9-13
Method of Measurement (circle one)	teel tape electric tape	air line other:	
Hole depth: <u>270'</u> Well de	pth: <u>270'</u>	Well grouted to a depth of _	10feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 110 X2 Peet Casing diameter: 4X2 inches Type of casing: PVC			PVC
^ ^	\sim		
Screen slot size: 1000 inches Setting depth: From 250 feet to 370 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			requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Jack Ridadel 0472 Sulfun			
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor
l .		/	

State Well Report

For Office Use Only:

If well telescopes please sketch below and show depths.

Cd I avad		Description of Formations Encountered	From To
Ground Level		TOPSOIL.	00
	} \f	orange clay	350
	{ }{	White coarte Sana	50 70
		Blue Clay Wistreaks of Sand	70 du
	[]	Gray Medium Sand	<u> XCCall</u>
GROWTH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	
70, 15,	140 00 put		
GROWING 15'	140 pur 1400 pur 1400 pur 1400 pur 1400 pur		
	1 Carle		
	1 1		
	- 140		
buc soon de	PACTINE N. C. M. J. M. J. M. C. M. J. M. J		
7 1000 90	1		
puc strains	I PIGO	1	
Cost	110 0116		
	pycur		
	1 1 50		
	250 - 20 - 20 5ch 80		
	250 - 20 (c) well as		
	1 63 50 pv	<u> </u>	

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

Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, nower lines, 4) indicate direction. Sealth 37 Drive Grand LV.	location; 2) any permanent structor other items that may aid in locations that may aid in locations.	ating the property and the well;
Landowner Name: Nick Richards	Huy 90	MAY 1 A 2018 BY CALFUR

Signature of Water Well Contractor

STATE WELL REPORT

county: Jackson Permit #: Drille Coost Water WellsRV

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#:	_	
Elevation:	_	

Date completed: 5/9//3	(601) 961-5210 (601) 354-6938 (fax)		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 Informat	ion	Well	Location
Owner Name: Nick Richards		Latitude: 30° 23' 43.86 Longitude: 188° 38' 06"	
Mailing Address: 3732 Seamist Drive		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad. (Hand-	-held GPS. Survey-grade GPS
Grutier ms 39553 City State Zip Code		USGS quad, (Hand-held GPS), Survey-grade GPS NE 1/4 NE 1/4 Sec 3/6 Twn 775 Rng R 7 W Distance Direction Nearest Town	
	_	Distance Direction	real est Town
Telephone No. (208) 497 - 0341		Miles — of Gautier	
Pump Type Circle one			ver Type rcle one
Air Lift Jet (Submersible	Diesel Engine Gasoline	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		specify):
Other (specify):		Horse Power Rating of Motor:	
Date Pump Installed: 6/19//3		Setting Depth: 30 FT. Drop Pipe, feet	
Rated Pump Capacity: 20	Gallons Per Minute	Number of Stages:	9
Pump Test Data			suring Water Level
Date Well Tested:			rcle one
Static Water Level (A):Feet	Below Land Surface		ouring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface		Other (specify):	.,
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet	
Test Pumping Rate: 22 Gallons Per Minute		Well yielded 50 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		feet after	N/A hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jack Ridadell 0472	Jan Rulfer
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer