County: Jack Son       Part 1         Mississippi Department of Environmental Quality         Permit #:       Office of Land and Water Resources         Driller: COSH Watter Well/SK       P.O. Box 10631         Date drilling completed: 5-33-06       Iackson, MS 39289-0631         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 Cocation         Owner Name Chuck Weiss       Auge Weiss         Mailing Address:       4806 Kidgewod DF.         Well of Lat/Long (circle one): Conventional Survey,       USGS quad, Hand-held GPS	State Well Report				
Permit #:	Pa Pa	rt 1	For Office Use Only:		
Driller:       COS+Water WellSR       P.O. Box 10631       I.S. Elevation:         Date drilling completed:       5-33-06       (601)961-5210       I.S. Elevation:         Contraction       (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 Vocation         Well Owner Information       Well Cocation       I.S. Elevation:         Owner Name       Chuck Weiss       I.S. Elevation:         Mailing Address:       4806       Ridgewood DR.         Mailing Address:       4806       Ridgewood DR.	Mississippi Department	Mississippi Department of Environmental Quality			
Driller: CUST WITTER WEITS WITTER WEITS       Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)       L. S. Elevation:         Date drilling completed: 5-33-00 (601)354-6938 (fax)       L. S. Elevation:         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.       E-log #:         Well Owner Information       Well Location         Owner Name ChuCk Weiss       Latitude: 20 • 24 · 119 · 100         Mailing Address: 4806 Ridgewood DR.       Latitude: 20 • 24 · 119 · 100         Wethod of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS	$\int \frac{1}{2} $				
(601)354-6938 (fax)         E-log #:	Driller: UIST WITCH WELLS		L. S. Elevation:		
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         Owner Name       Chuck Weiss         Mailing Address:       4806         Kidgewood       DP.         Mailing Address:       4806         Kidgewood       DP.         Wethod of Lat/Long (circle one):       Conventional Survey,         USGS quad, Hand-held GPS       Survey-grade GPS	Date drilling completed: $5-3-40$ (601)961-5210 (601)354-6938 (fax)		E-log #:		
30 days of completion of drilling of the well.         Well Owner Information         Owner Name       ChuCk Weiss       Weiss         Mailing Address:       4806       Ridgewood DR.         Mailing Address:       4806       Ridgewood DR.         Wethod of Lat/Long (circle one):       Conventional Survey,         USGS quad, Hand-held GPS       Survey-grade GPS					
Owner Name       Chuck Weiss         Mailing Address:       4806       Ridgewood DR.         Latitude:       20 • 24 ', 111''''''''''''''''''''''''''''''''	30 days of completion of drilling of the well.				
Mailing Address: 4806 Kidgewood DR. Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS			/		
USGS quad, Hand-held GPS Survey-grade GPS	Owner Name Chuck Weiss	Latitude: <u>0 • 24</u> · <u>119</u>	" Longitude: 000 34, 171"		
	Mailing Address: 4806 Kidgewood DR.	Method of Lat/Long (circle or	ne): Conventional Survey,		
1 DSSHOINT MS 39562 Story Story Sec 25 TWM 7.75 RngR6W	1 Josstoint Ms 39562	Stu 1/4 Sec 28	Twn T75 RngR6W		
City State Zip Code iR IR iC Distance Direction Nearest Town Miles of Moss Birt			Nearest Town		
Telephone No. <u>228</u> <u>415-3889</u> <u>Miles</u> <u>Distance</u> <u>Direction</u> <u>Nearest Town</u> <u>Miles</u> <u>of</u> <u>Moss Biv</u>	Telephone No. (100) 475 - 3889	Miles	of Moss Poist		
Well Data	Weil D	ata			
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 5-23-06 Date well drilling completed: 5-23-06					
If flowing, method of flow regulation: Valve NA Other (describe)					
Static Water Level: 20 feet above on below (circle one) land surface Date measured: 5-23-06					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>250'</u> Well depth: <u>250'</u> Well grouted to a depth of <u>io</u> feet					
Type of grout (circle one): Cement Bentonite Mix RECEIVE					
Casing length: <u>240</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PUC</u> <u>JUN 1</u> 5 2000	Casing length: <u><u>d</u><u>40</u> feet Casing diameter: <u></u><u>4</u></u>	_inches Type of casing:	PUC JUNIE 200		
Casing length: <u>IUU</u> feet       Casing diameter: <u>IUU</u> inches       Type of casing: <u>IUU</u> <u>JUU</u> 5 2006         Screen length: <u>IUU</u> feet       Screen diameter: <u>IUU</u> <u>IUU</u> 5 2006					
Screen slot size: ,008 inches Setting depth: From 240 feet to 350 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): N/A					
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.					
Took Ripdell A-1177 DIRING					
Print Norma of Walter Wall Contractor and Licenson No.					
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor					

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## P-474

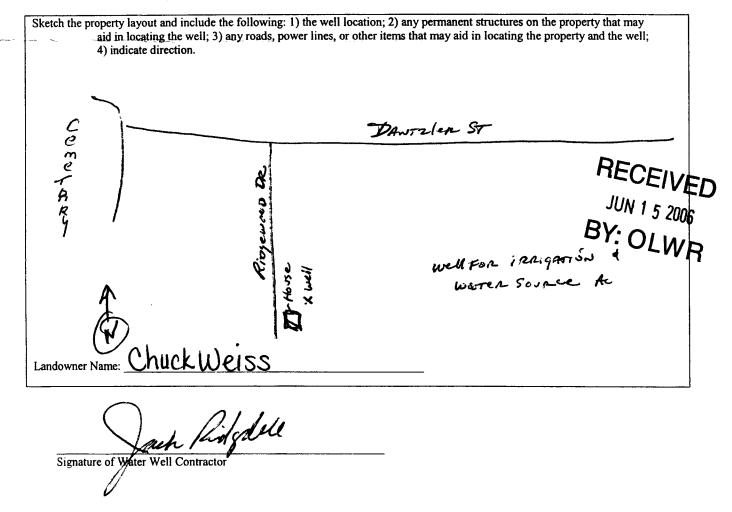
If well telescopes please sketch below and show depths.

Ground Level

r

	Description of Formations Encountered	From	То
	op soil		
	White Coarse Sand		8
Di	anae + White Clay	8	22
B	luction + wood	22	53
Ĩ.	hite Charse Sand W/peagrave	53	82
ß	lue Clay	82	89]
Ŵ	hite Charge Sand w/Dea aravel	89	124
	lue Clay	1724	133
$\overline{\mathbf{w}}$	hite muse sand	133	<b>119</b>
B	heclan	143	220
G	ray Charse, Sand	1220	250

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



STATE WELL REPORT				
County: JUCKSON Permit #: Driller Office of Land Driller Office of Land P.O. Jackson, N Date completed: 5-23-06 Date completed: 5-23-06	Part 2       For Office Use Only:         's Completion Report       Aquifer:         and Water Resources       Mis 39289-0631         'y961-5210       Well #:         '54-6938 (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 Information Owner Name: Chuck Weiss	Well Location Latitude: <u>30 24'749</u> "Longitude: <u>088'34'17</u> 1"			
Mailing Address: 4806 Ridgewood Dr.	Method of Lat/Long (circle one): Conventional Survey,			
Mossiant MS 39562 City State Zip Code Telephone No. 228 47.5 - 3889	USGS quad Hand-held GPS Survey-grade GPS <u>Sw</u> <u>4</u> <u>Sw</u> <u>4</u> Sec <u>23</u> Twn <u>775</u> Rng <u>R6</u> <u>w</u> Distance Direction Nearest Town <u>IM</u> Miles <u>of MCCS POLVE</u>			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify): Date Pump Installed:5-31-06	Horse Power Rating of Motor:			
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages:			
Pump Test Data         Date Well Tested: $5-31-0/2$ Feet Below Land Surface         Static Water Level (A): $30$ Feet Below Land Surface         Pumping Water Level (B): $N/A$ Feet Below Land Surface         Drawdown [(B) – (A)]: $N/A$ Feet Below Land Surface         Test Pumping Rate: $2.2$ Gallons Per Minute         Duration of Pump Test (minimum 4 hours): $4$ hours	JUN 1 5 2006         Method of Measuring Water Sevel         Circle one         Circle one         Air Line         Electric Measuring Line         Steel Tape         Other (specify):         For flowing well, measured shut in head:         M/A         GPM with a drawdown of         M/A       feet after M/A         hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. John Elkins 0-116P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

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