Tanyona	_	ort 1	For Office Use Only:		
County: JACKSON		art 1 t of Environmental Quality	Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: Q-587		
Driller Coast Water Well SRV.	5	Box 10631	' '		
Date drilling completed: 9-12-07		IS 39289-0631 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 Informa		Well	Location		
Owner Name John Brow	n	Latitude: 30 • 33 • 534	" Longitude: <u>USS 30 'U30</u> " e): Conventional Survey,		
Mailing Address: 1517 Old MU	bile Hwy	Method of Lat/Long (circle on	e): Conventional Survey,		
	USGS quad, (Hand-held (		GPS, Survey-grade GPS		
		2 Twn 775 Rng R5 w			
Telephone No. (28 43 - 01	Distance Direction Negrest T		Nearest Town of Pascagovia		
	Well 1	Data			
Purpose of Well (circle one Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 9-12-07 Date well drilling completed: 9-12-07					
If flowing, method of flow regulation: ValveOther (describe)					
Static Water Level: 80feet above on below circle one) land surface Date measured: 9-12-07					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: $310^{\circ}$ Well depth: $310^{\circ}$ Well grouted to a depth of $10^{\circ}$ feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: <u>295</u> feet Casing diameter: <u></u> inches Type of casing: <u>DVC</u>					
Screen length: 5 feet Screen diameter: 2 inches Type of screen: OVC					
Screen slot size: <u>1004</u> inches Setting depth: From <u>295</u> feet to <u>310</u> 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.					
2 - Par mountain Quantity and on the transposition Department of Mexico regulations and state 12ws.					
Jack Ridgdell U-	172	sup	Kulghell		
Print Name of Water Well Contractor and I	License No.	Signature of V	Water Well Contractor		

**State Well Report** 

	Description of Formations Encountered	From	То
Ground Level	Ton Soil	$\downarrow \varphi$	3
	Orange clay	12/	2
	White eoarst sand	150	Cin
	White coarse sand	198	150
	RILLE CIQU	150	KC
	Braumedium Sand	280	310
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If more than one screen, show location of each on sketch			
the second secon	estion: 2) any normanent structures on the property th	at may	
ketch the property layout and include the following: 1) the well locating the well; 3) any roads, power lines, or o	other items that may aid in locating the property and	the well;	
4) indicate direction.	, , , , , , , , , , , , , , , , , , , ,		
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If well telescopes please sketch below and show depths.

## STATE WELL REPORT

## Part 2

County: Jackson

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #:		

Date completed: (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 Latitude:  $30^{\circ}33^{\circ}536^{\circ}$  Longitude:  $088^{\circ}20$ Owner Name: mubile Hwy Method of Lat/Long (circle one): Conventional Survey, USGS quad (Hand-held GPS) Survey-grade GPS 500 1/4 NW 1/4 Sec 32 Twn T75 Rng R5W Nearest Town Distance Direction 1/2 Miles EAST of PASCAYOUL Telephone No. (228) 623 - 0171 Power Type Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Electric Motor Hand Tractor PTO **Turbine** Bucket Piston Flowing Well Windmill Centrifugal Rotary Other (specify): Horse Power Rating of Motor: 4 Other (specify): 9-15-Setting Depth: 0 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: 9-15-07 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)]: N Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 5 /2 hours NIA feet after NIA hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Jack Ridadell 0-472	as Right	ingen Linguista
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	÷ 8