State Well Report							
County: Tickson	Part 1		For Office Use Only:				
		t of Environmental Quality	Aquifer:				
Permit #:		nd Water Resources Box 10631	Well #: 0-598				
Driller Cast Water UEISEV.		IS 39289-0631	L. S. Elevation:				
Date drilling completed: 11-19-08	, , ,	961-5210	E-log #:				
	(001) 33	4-6938 (fax)	L-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 Quinn Holbrook		Latitude: 30° 35', 543" Longitude: 088° 37', 776"					
Mailing Address: 5783 McDo	nald circle	Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held	USGS quad, Hand-held GPS, Survey-grade GPS				
Most Point, Ms 39562		NE 1/2 NE 1/2 Sec ZZ Twn T75 Rng R5W					
Telephone No. <u>251) 753 - 84</u>	Distance Direction  Miles ENST		Nearest Town of Moss Point				
	Weil I	Data					
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:							
Date well drilling started: 11-19-08 Date well drilling completed: 11-19-08							
If flowing, method of flow regulation: Val	ve NA Other (de	escribe)					
Static Water Level:							
_	eel tape electric tape						
Hole depth: 318 FT. Well dep	th: <u>a18FT.</u>	Well grouted to a depth of	10 feet				
Type of grout (circle one): Cement Bentonite Mix							
Casing length: <u>AOR</u> feet Casing diameter: <u>A</u> inches Type of casing: <u>PUC</u>							
Screen length: 10 feet Screen diameter: 3 inches Type of screen: PUC							
Screen slot size: • OO inches Setting depth: From OC feet to 318 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):							
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 Ridadell 0-472 Jan Ridde							
Print Name of Water Well Contractor and L	icense No.	Signature of V	vater Well Contractor				
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If well telescopes please sketch below and show depths.

Ground Level	
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Description of Formations Encountered	From	То
Topsoil	0	2
ARANGE CLAY	2	18
ORONGE CLAY WHITE CORPSE SAND	18	50
Blue clay	50	60
WHIR COARSE SAND	60	138
Blue clay WHIR COARSE SAND GRAY MED SAND	138	190
GRAN MED SAND	190.	218
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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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No.
'
Landowner Name: QUINN Hol BROOK

Signature of Water Well Contractor

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STATE WELL REPORT						
County: <u>Jackson</u> Permit #:  Driller: <u>MSt Whiter Wells</u> RV.  Date completed: <u>11-19-08</u>	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 (601) 961-5210 (601) 354-6938 (fax)		For Office Use Only:  Aquifer:  Well #:			
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: Quinn Holbrook		Well Location  Latitude: 3625 543 Longitude: 688 27 796"				
Mailing Address: 5783 McDor	<u>ald Circle</u>	Method of Lat/Long (circle one	Long (circle one): Conventional Survey,			
		USGS quad, (Hand-	-held GPS, Survey-grade GPS			
Moss Point, Ms 39562 City State Zip Code		NE 1/4 NE 1/4 Sec ZZ Twn T75 Rng R5W				
2,	·	Distance Direction	Nearest Town			
Telephone No. (251) 753-847	<u>D</u>		Moss Point			
Pump Type Circle one			ver Type rcle 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 (s	pecify):			
Other (specify):		Horse Power Rating of Motor:				
Date Pump Installed: 11-21-08		Setting Depth: 40FT. Droppipe feet				
Rated Pump Capacity: 9 1/2	Gallons Per Minute	Number of Stages:				
Pump Test Data Method of Measuring Water Level						
Date Well Tested: 11-31-08			cle one			
Static Water Level (A): Feet Below Land Surface		Air Line Blectric Meas	uring Line Steel Tape			
Pumping Water Level (B): NA Feet Below Land Surface		Other (specify):				
Drawdown [(B) - (A)]:NAFeet I	ļ	For flowing well, measured shu	t in head: NA feet			
Test Pumping Rate: 9/2	Gallons Per Minute	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 statements are true to the best of my knowledge.

Tack Klagdell 0-472

Print Name of Pump Installer and License No. (if applicable)

Jan Ringler Agnature of Pumpunstaller

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DEC 15 2008

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