	State W	en Keport [For Office Use Only:	
County: Jackson	Part 1			
	Mississippi Department	of Environmental Quality	Aquifer:	
Permit #:		nd Water Resources	Well #: G 606	
Driller Coast Water Wells RV.	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 8-13-09	(601)	961-5210	-	
	(601) 35	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 Inform	Well Owner Information Well Location			
Owner Name Richard Krauzyk		Latitude: 30 • 28 · 388 " Longitude 088 • 25 · 274		
Mailing Address: Club Hous	2001		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad Hand-held	GPS, Survey-grade GPS	
Mossibint 1 City Sta	Moss Point Ms 39562 City State Zip Code		/Twn + 75 Rng R5W	
Telephone No. (251) 554-24	Distance Direction Miles Exer		of Mess Peint	
	Well I	Data		
Purpose of Well (circle one) Home Inc	dustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 8-1				
If flowing, method of flow regulation: Va	<u> </u>			
Static Water Level: 5 feet al	bove or below (circle one) la	and surface Date measured:_	8-13-09	
Method of Measurement (circle one) s	teel tape electric tape	air line other:		
Hole depth: 163PT Well de		Well grouted to a depth of	/ Geet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 153 feet Casi	ng diameter:	_inches Type of casing:	PUC	
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Puc				
Screen slot size: 1004 inches Setting depth: From 153 feet to 163 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Matural 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.				
		artineut of Health regulations	and state laws.	
Mack Ridadell a	7-1177		Eller -	

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If well telescopes please sketch	below and	i show depths.
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Ground Level		
	1	
	1	
	1	

Description of Formations Encountered	From	То
TADSOIL	0	ച
Crange Clay	3	78
Crame clay White coarse sand Blue clay Gray Madlum Sand	78	50
Blue clay	50	148
Samuel Land	TUR	1103
GrayMallumSara	7.75	242
		
	-	
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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.

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County Dockson

Permit #:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:			
Aquifer:			
Well #: _	C)606		
Elevation:			

Drille Cost WA	Her Wellsk	Jackson, I	MS 39289-0631	Well #:	3606
Date completed:	13-09		.) 961-5210 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				ys of the	
installation of pur	ell Owner Inform	ation		Well Location	
Owner Name: Richard Krauzyk		Latitude: 088251774			
Mailing Address: 8901 Club House, Rd.		Method of Lat/Long (circle one): Conventional Survey,			
			USGS quad,	fland-held GPS Surv	ey-grade GPS
Moss Paint Ms 39562		NE 1/2 NE 1/4 Sec / TwnT 75 Rng R 5W			
City State Zip Code		Distance Direction Nearest Town			
Telephone No. (251) 554-2928		3 Miles EAST of MASS POINT			
Pump Type Circle one		Power Type Circle one			
Air Lift	(let)	Submersible	Diesel Engine G	Sasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor I	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill C	Other (specify):	
Other (specify):			Horse Power Rating of M	Motor:	
Date Pump Installed: _	8-14-0	9	Setting Depth:	. Droppipe	feet
Rated Pump Capacity:	10	Gallons Per Minute	Number of Stages:	2=	-
	Pump Test Data	ì	Method o	of Measuring Water I	evel
Date Well Tested:	8-14-09			Circle one	
		et Below Land Surface	Air Line Electric	c Measuring Line	Steel Tape
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		Other (specify):			
Drawdown [(B) - (A)]:	. N/A Fee	et Below Land Surface	For flowing well, measur	red shut in head:	N/A feet
Test Pumping Rate:	10	_Gallons Per Minute	Well yielded 25	GPM with a di	rawdown of
Duration of Pump Test	(minimum 4 hours):hours	NA feet at	fter <u>NA</u> ho	urs of pumping
HEREBY CERTIFY	that the above state	ments are true to the best of		liffae	
JULY NEC	MII U	711	- South F	magica-	DECENT

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge
Jack Ridadell 0-472	Jouch Ridgles
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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