	ell Report For Office Use Only:			
County: <u>Jacoby</u> Mississippi Department	t of Environmental Quality Aquifer:			
	nd Water Resources Nox 10631 Well #:			
	IS 39289-0631 L. S. Elevation:			
	961-5210 4-6938 (fax) E-log #:			
	·			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within			
Well Owner Information	Well Location			
Owner Name Meldy Sins	Latitude: 30 • 28 13.74" Longitude (183 • 25 · 36.24			
Mailing Address: 10908 Laakso Rad	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad Hand-held GPS, Survey-grade GPS			
Moss Print, Ms 37562 City State Zip Code	USGS quad Hand-held GPS, Survey-grade GPS SE 4 AE 4 Sec $Twn T75 Rng R5 WNW NW G 4W$			
Telephone No. 208 (27-0270	Distance Direction Nearest Town <u>Miles</u> <u>ENE</u> of <u>Moss Point</u>			
Weil Data				
Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 6 24 3 Date well drilling completed: 6 24 3				
If flowing, method of flow regulation: Valve NA Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 150 FT Well depth: 150 FT Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 1.0_feet Casing diameter:inches Type of casing: PUC				
Screen length: 10feet Screen diameter: 2inches Type of screen: PVC				
Screen slot size: 1004 inches Setting depth: From 140 feet to 150 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: <u>NA</u> 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): $\mathcal{N}[A]$				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi and Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack. Ridadell Auto	Turk Ridedee			
Print Name of Water Well Contractor and License No.				
Signature of water wen contractor				

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If well telescopes please sketch below and show depths.

Description of Formations Encountered From T Ground Level Tro Soil cla ANDR San Blue San iraumedi 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. Cled Hausse RONO \$ J F-10 Landowner Name: ims 1/1/2 her 1.00 Signature of Water Well Contracto

Part 2 Part 2 Propint % Propint % Point (COSH WATCH WALLSTN) Provide (COSH WATCH WATCH Sequences provides) Date completed: (COSH WATCH WALLSTN) Descompleted: (COSH WATCH WALLSTN) Descompleted: (COSH WATCH WALLSTN) Descompleted: (COSH WATCH WATCH WATCH Sequences provides) Descompleted: (COSH WATCH Sequences provides) Descompleted: (COSH WATCH Sequences provides) Well Overe Thermatics Well Watch Sequences provides) Owner Name (Mellody Sinvey, sequences provides) Uscience provides) Mailing Address: [COS & Lack So Boacd Mailer Match Matc	STATE WELL REPORT					
Well Dorard Information Well Dorard Information Owner Name Mellody Sittes Well Correct Information Owner Name Mellody Sittes Mell Correct Information Well Correct Information Owner Name Mellody Sittes Mell Correct Information Well Correct Information Method of Lat/Long (circle one): Conventional Survey, USOS quad (find-thild OP) Survey-grade GPS State Zip Code Direction Nearest Town Circle one Direction Nearest Town Pump Type Circle one Distance Direction Nearest Town Paump Type Circle one Distance Direction Mearest Town Bucket Piston Turbine Distance Direction Mearest Town Circle one Other (specify): Date Pump Installed:	Permit #: Driller(005+Water UBI[SRV.	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		Aquifer:		
Well Owner LaformationWell LocationOwner Name: Mellody SirrisOwner Name: Mellody SirrisSirrisMailing Address: ICNCS Laakso BcadLatitude 2° 28 13. H" Longitude: 0.8° 25 3. 34° Mailing Address: ICNCS Laakso BcadMethod of Lat/Long (circle one): Conventional Survey, USGS quad. Hand-held GPS Survey-grade GPS $Mailing Address: ICNCS Laakso BcadMethod of Lat/Long (circle one): Conventional Survey,USGS quad. Hand-held GPS Survey-grade GPSMailing Address: ICNCS Colspan="2">State Zip CodeMiles ENE of Messer FormTelephone No. (328) IGT - 0.21CMiles ENE of Messer FormCircle oneCircle oneAir Lift (ref) SubmersibleDiscel Engine Gasoline Engine Natural GasBucketPiston TurbineCentrifugalRotaryOther (specify):$	This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the					
USOS quad, (fiand-held GPS) Survey-grade GPS Work of the statements are true to the best of my knowledge. USOS quad, (fiand-held GPS) Survey-grade GPS State Zip Code Telephone No. ($\frac{2}{2}$) (\frac	Well Owner Informat Owner Name: Melody Sims	Latitude: 20°28' 13.				
USOS quad, (fiand-held GPS) Survey-grade GPS Work of the statements are true to the best of my knowledge. USOS quad, (fiand-held GPS) Survey-grade GPS State Zip Code Telephone No. ($\frac{2}{2}$) (\frac	Mailing Address: 10908 Laaks	o Boad	Method of Lat/Long (circle one): Conventional Survey,			
Distance Direction Nearest Town Distance Direction Nearest Town Gallons Per Minute Distance Direction Nearest Town Gallons Per Minute Distance Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Other (specify): Date Pump Installed: Direction Measuring of Motor: Junpt Capacity: /b Gallons Per Minute Number of Stages:			USGS quad, Hand-held GPS, Survey-grade GPS			
Distance Direction Nearest Town Distance Direction Nearest Town Gallons Per Minute Distance Direction Nearest Town Gallons Per Minute Distance Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Gallons Per Minute Direction Nearest Town Other (specify): Date Pump Installed: Direction Measuring of Motor: Junpt Capacity: /b Gallons Per Minute Number of Stages:	Mosskint, 1 Sitv State	<u>Ms 39562</u> Zip Code	SE 1/ NE 1/ Sec / Twn T75 RngR 5 W			
Pamp Type Circle one Power Type Circle one Air Lift Iet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):						
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):	Telephone No. (28) 427-0270	$\frac{10}{6} \text{ Miles } E$		Moss Point		
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):						
Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):		• • •				
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Other (specify):	Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO		
Date Pump Installed:	Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: 2 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6/35/13 Method of Measuring Water Level Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Duration of Pump Test (minimum 4 hours): 4 hours NA Get after N (A Image: A (A (Other (specify):		Horse Power Rating of Motor:	ng of Motor:		
Pump Test Data Method of Measuring Water Level Date Well Tested: $6/35//3$ Static Water Level (A): 5 Feet Below Land Surface Air Line Pumping Water Level (B): N/A Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: N/A Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: N/A Gallons Per Minute Well yielded Duration of Pump Test (minimum 4 hours): 4 HBREBY CERTIFY that the above statements are true to the best of my knowledge. MAK $6PM$ MAK $6PMK$	Date Pump Installed: 6/25/13		Setting Depth: <u>20 FT</u> , D	ing Depth: <u>20 FT, Drop lipe</u> feet		
Date Well Tested: 6/35/13 Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) – (A)]: NA Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. NA Mik Kidgdell 0-472 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Rated Pump Capacity: / D	Gallons Per Minute	Number of Stages:	2		
Date Well Tested: 6/35/13 Circle one Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) – (A)]: NA Feet Below Land Surface Test Pumping Rate: /0 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. NA Mik Kidgdell 0-472 Feat Medicale Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Pump Test Data		Method of Mea	suring Water Level		
Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: /* Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge Julk Magdell Output Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	1 la la					
Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: /o Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. MA feet after MA GPM MA feet after MA GPM Ma feet after MA feet after NA hours of pumping		Below I and Surface	Air Line Electric Meas	suring Line Steel Tape		
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: /o Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. N/A feet after JUK AUGAEII C-472 Juk Augaeiii Generation of Pump Installer and License No. (if applicable)			Other (specify):	· · ·		
Test Pumping Rate: 10 Gallons Per Minute Well yielded 28 GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 4 hours NA feet after NA hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. GRM Additional and the statements are true to the best of my knowledge. GRM Higher Additional and the statements are true to the best of my knowledge. Mark Ridgdell 0-472. Yourk Ridgdell Grade and the statements are true to feasible. Signature of Pump Installer			For flowing well, measured shut in head: NIA feet			
Duration of Pump Test (minimum 4 hours):	Test Pumping Rate: /0	Gallons Per Minute				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. July Knowledge. July Knowledge. July Knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						
Jack Ridgdell 0-472 Jack Rightle Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	L		L			
	Jack Ridgdell 0-472	-	Jack Ri	pare		

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