

State Well Report

Part I

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 #: G173
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Coast Water Wells R.V.
 Date drilling completed: 9-4-09

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 Location
Owner Name: <u>Clayton Homes</u>	Latitude: <u>30° 50' 40" N</u> Longitude: <u>088° 32' 56" W</u>
Mailing Address: <u>3147 Cooks Corner Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Lucedale, MS 39453</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec 26 T25 R6 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(251) 645-1549</u>	<u>3</u> Miles <u>NW</u> of <u>AGRICOLA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 9-4-09 Date well drilling completed: 9-4-09

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 9-4-09

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 100 FT Well depth: 100 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 90 feet to 100 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: N/A 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.

Jack Ridgell 0-472
 Print Name of Water Well Contractor and License No.

Jack Ridgell
 Signature of Water Well Contractor

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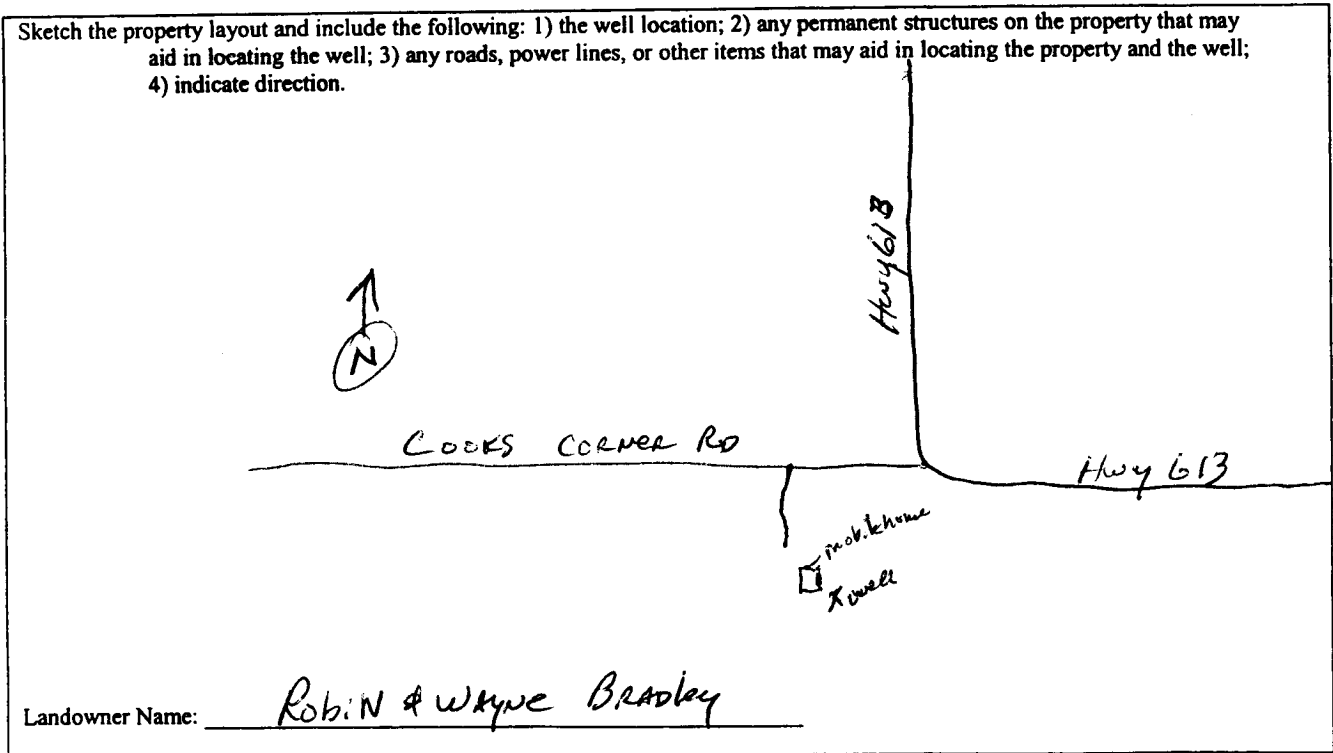
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top soil	0	1
Orange clay	1	14
Brown coarse sand	14	25
Orange clay	25	60
Brown coarse sand	60	100

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.



Jason Liddell
Signature of Water Well Contractor

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STATE WELL REPORT

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 #: 6173
 Elevation: _____

County: George
 Permit #: _____
 Driller: Coast Water Well Serv
 Date completed: 9-4-09

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	Well Location
Owner Name: <u>Clayton Homes</u>	Latitude: <u>30° 50' 670"</u> Longitude: <u>088° 32' 930"</u>
Mailing Address: <u>3147 COOKS CORNER RD.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Lucedale, MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 26 Twn 25 Rng R 6W</u>
Telephone No. <u>(251) 645-1549</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>AGULLOIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>9-5-09</u>	Setting Depth: <u>80 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>7.5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-5-09</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgell 0-472 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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