

State Well Report

Part 1

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 #: J-66
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: _____
 Driller: Cons+Waterwells, Inc.
 Date drilling completed: 1-10-07

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>Dale Kasselder</u>	Latitude: <u>30° 48' 51" N</u>	Longitude: <u>88° 44' 51" W</u>	<u>51 530</u>
Mailing Address: <u>297 Jordan Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, 2832		
<u>Perkinston Ms 39573</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 3 Twn T35 Rng R9W</u>		
Telephone No. <u>228.348-0722</u>	Distance <u>7</u> Miles	Direction <u>west</u>	Nearest Town <u>Bennetts</u>

Well Data

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

Date well drilling started: 1-9-07 Date well drilling completed: 1-10-07

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 1-10-07

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

Hole depth: 165 FT. Well depth: 165 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 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 155 feet to 165 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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 BY: OLWR

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:

County: George

Permit #: _____

Driller: Coast Waterwellsrv.

Date completed: 1-10-07

Aquifer: _____

Well #: J-66

Elevation: _____

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: Dale Kasselder

Mailing Address: 297 Jordan Rd.

Perkinston Ms 39573
City State Zip Code

Telephone No. (228) 348-0722

Well Location

Latitude: 30° 32' 511" Longitude: 088° 44' 465"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE ¼ SE ¼ Sec 3 Twn T35 Rng R9W

Distance Direction Nearest Town

7 Miles West of Bevinville

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-11-07

Rated Pump Capacity: 9 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 2 HP

Setting Depth: 120 FT. Drop pipe feet

Number of Stages: 3

Pump Test Data

Date Well Tested: 1-11-07

Static Water Level (A): 95 Feet Below Land Surface

Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface

Test Pumping Rate: 9 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured shut in head: N/A feet

Well yielded 9 GPM with a drawdown of

N/A feet after N/A hours of pumping

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

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

Jack Ridgdell
Signature of Pump Installer

FEB 02 2007

BY: OLWR