

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-75
 L. S. Elevation: _____
 E-log #: _____

County: Georgen

Permit #: _____

Driller: Coast Water Well Serv.

Date drilling completed: 2-28-08

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

Owner Name: John Havens
 Mailing Address: Broomeschool Rd.
Perkinston, MS 39573
 City State Zip Code
 Telephone No. 228-826-1874

Well Location

Latitude: 30° 46' 00" Longitude: 88° 45' 74"
 Method of Lat/Long (circle one): Hand-held GPS
 USGS quad, Hand-held GPS Survey-grade GPS
SE 1/4 SW 1/4 Sec 23, Twn 7.3 S Rng R 8 W
 Distance Direction Nearest Town
9 Miles SOUTH of BENVILLE

Well Data

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

Date well drilling started: 2-28-08 Date well drilling completed: 2-28-08

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 2-28-08

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: 140 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 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: 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 Ridgdell 0-472
 Print Name of Water Well Contractor and License No.

Jack Ridgdell
 Signature of Water 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	To
TOPSOIL	0	2
Orange Clay	2	15
Brown coarse sand	15	30
Blue clay	30	130
Gray coarse sand	130	150

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.

The sketch shows an irregular property boundary. A well is indicated by a vertical line with a horizontal line representing the well casing. The casing is labeled '0.25' Dia' and the screen below it is labeled 'Well Screen'. The well depth is marked as '15 ft' with a vertical line extending downwards from the casing. The property boundary is labeled 'Hwy 57' on the left and right sides. A north arrow is drawn in the lower right quadrant of the sketch, with the number '2' inside a circle next to it.

Landowner Name: John Havens

Signature of Water Well Contractor: *[Handwritten Signature]*

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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 #: J-75

Elevation: _____

County: George
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 2-28-08

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>John Havens</u>	Latitude: <u>30° 46' 00.0"</u> Longitude: <u>088° 45' 740"</u>
Mailing Address: <u>Broom School Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Perkinston, MS 39573</u>	<u>SE 1/4 SW 1/4 Sec 23 Twn T35 Rng R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 826-1874</u>	<u>9 Miles South of Bennetts</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>3-15-08</u>	Setting Depth: <u>60 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-15-08</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>40</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>14</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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>6</u> hours	

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)

[Signature]
 Signature of Pump Installer

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