

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: J-79
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Coast Water Wells RV
Date drilling completed: 11-18-09

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>Jay Breland</u>	Latitude: <u>30° 31' 768"</u>	Longitude: <u>088° 48' 39"</u>	
Mailing Address: <u>238 Burnis Harvard Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>48 CI</u>		
<u>Perkinston, MS 39573</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS		
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 8 Twn T35 Rng R8W</u>		
Telephone No. <u>228-219-4039</u>	Distance: <u>5</u> Miles	Direction: <u>South</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: 11-18-09 Date well drilling completed: 11-18-09

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 11-18-09

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

Hole depth: 374 FT. Well depth: 374 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 364 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 364 feet to 374 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 0-472 Signature of Water Well Contractor

COPIES
BY DATE

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: J 79

Well #: _____

Elevation: _____

County: George

Permit #: _____

Driller: Coast Water Wells SRV

Date completed: 11-18-09

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

Owner Name: Jay Breland

Mailing Address: 238 Burnis Havard Rd.

Perkinston, MS 39573
City State Zip Code

Telephone No. (228) 219-4039

Well Location

Latitude: 30°31'768" Longitude: 088°48'630"

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

USGS quad, Hand-held GPS Survey-grade GPS

SE ¼ SW ¼ Sec 8 Twn T35 Rng R8W

Distance Direction Nearest Town

5 Miles SOUTH of BENNOLE

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11-19-09

Rated Pump Capacity: 6 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: 1 HP

Setting Depth: 100 FT. Drop pipe feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 11-19-09

Static Water Level (A): 75 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: 6 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 3/4 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 2.3 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