

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: M 204
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 10/5/10

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>Leonard & Karla Roberts</u> | Latitude: <u>30° 47' 35.8"</u> Longitude: <u>088° 30' 34.2"</u> |
| Mailing Address: <u>231 Parker Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedale, Ms 39452</u> | USGS quad: <u>land-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 18 T35 R5W</u> |
| Telephone No. <u>(601) 508-0766</u> | NW Distance <u>1 1/4</u> Miles Direction <u>South</u> of Nearest Town <u>Agrievia</u> |

Well Data

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

Date well drilling started: 10/5/10 Date well drilling completed: 10/5/10

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: 10/5/10

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

Hole depth: 155 FT. Well depth: 155 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .004 inches Setting depth: From 145 feet to 155 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. Signature of Water Well Contractor

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OCT 27 2010
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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)

County: George
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 10/5/10

For Office Use Only:

Aquifer: _____
 Well #: M204
 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 | Well Location |
|--|---|
| Owner Name: <u>Leonard & Karla Roberts</u> | Latitude: <u>30°47'25.98"</u> Longitude: <u>088°30'34.32"</u> |
| Mailing Address: <u>231 Parker Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Lucedale, MS 39452</u> | <u>NW 1/4 NW 1/4 Sec 17 Twn T35 Rng R5W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 508-0766</u> | <u>1 1/4</u> Miles <u>South</u> of <u>Agricola</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>10-6-10</u> | Setting Depth: <u>100 FT. Drop Pipe</u> feet |
| Rated Pump Capacity: <u>6</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-6-10</u> | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>75</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>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>6</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

OCT 22 2010
 BY OLIVER