

Greene

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 #: N69
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 9-11-09

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>Steve Owens</u>	Latitude: <u>31° 06' 00"</u> Longitude: <u>088° 48' 30"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>McLain, Ms</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 29</u> Twn <u>T2N</u> Rng <u>R8W</u>
Telephone No. <u>601 392-4158</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>—</u> of <u>McLain</u>

Well Data

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

Date well drilling started: 9-11-09 Date well drilling completed: 9-11-09

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

Static Water Level: flow feet above or below (circle one) land surface Date measured: 9-11-09

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

Hole depth: 180 FT. Well depth: 180 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 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 170 feet to 180 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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SEP 18 2009

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:

Aquifer: N 69
 Well #: _____
 Elevation: _____

County: Greene
George
 Permit #: _____
 Driller: Coast Water Well SRV
 Date completed: 9-11-09

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: Steve Owens
 Mailing Address: _____

McLain, MS
 City State Zip Code
 Telephone No. 228-392-6158

Well Location

Latitude: 31°06'009" Longitude: 088°48'496"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
SE ¼ SE ¼ Sec 29 Twn T2N Rng R8W
 Distance Direction Nearest Town
1/4 Miles — of McLain

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9-29-09
 Rated Pump Capacity: 15 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: 3/4 H.P.
 Setting Depth: 30 FT. Drop pipe feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: 9-29-09
 Static Water Level (A): Flow Feet Below Land Surface
 Pumping Water Level (B): Flow Feet Below Land Surface
 Drawdown [(B) - (A)]: 0 Feet Below Land Surface
 Test Pumping Rate: 15 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 6 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 35 GPM with a drawdown of
0 feet after 3 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Jack Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable) Jack Ridgell
Signature of Pump Installer

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 OCT 09 2009
 BY: OLWR