

Coastal Drilling & Service Co.

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 #: C-355
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Ronnie Mason
Date drilling completed: 7-15-04

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>Ray Broadous</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>89014 Bethel Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Saucier, MS. 39574</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 1 Twn 5-S Rng 11-W</u>
Telephone No: <u>228 832-3286</u>	Distance Direction Nearest Town
	<u>4 Miles W of Saucier</u>

Well Data

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

Date well drilling started: 7/15/04 Date well drilling completed: 7/16/04

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7/17/04

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

Hole depth: 360 Well depth: 360 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4x2 inches Type of casing: P.V.C.

Screen length: 10 feet Screen diameter: 2 inches Type of screen: P.V.C.

Screen slot size: .080 inches Setting depth: From 350 feet to 360 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: _____ 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): _____

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.

Dwight Red Mason 0-209 Dwight Red Mason
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
AUG 06 2004
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: _____

Well #: C-355

Elevation: _____

County: Harrison
Permit #: _____
Driller: Bennie Mason
Date completed: 7-15-04

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>Ray Bradous</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>89014 Bethel Rd</u> <u>Saucep</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39574</u>	<u>1</u> / <u>4</u> <u>1</u> / <u>4</u> Sec <u>1</u> Twn <u>55</u> Rng <u>11W</u>
Telephone No: <u>601-832-3284</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>W</u> of <u>Saucep</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-15-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-15-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>Plus Bob</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>13</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Dwight Mason 0-209 [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
AUG 12 2004
BY: OLWR