

30° 35.580 089 07.560
35 33

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)

County: Harrison
Permit #: _____
Driller: Coast Water Well SRV.
Date drilling completed: 2-14-07

For Office Use Only:
Aquifer: _____
Well #: C-372
L. S. Elevation: _____
E-log #: _____

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>Frank Heard</u> | Latitude: <u>30° 35' 580"</u> Longitude: <u>089° 07' 560"</u> |
| Mailing Address: <u>EAST Adams RD.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Saucier Ms 39574</u> | USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 19 Twn T55 Rng R11W</u> |
| Telephone No. <u>(228) 810-1157</u> | Distance Direction Nearest Town <u>3 Miles SOUTH of SAUCIER</u> |

Well Data

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

Date well drilling started: 2-14-07 Date well drilling completed: 2-14-07

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 2-14-07

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

Hole depth: 345' Well depth: 345' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 330 feet to 345 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): 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.

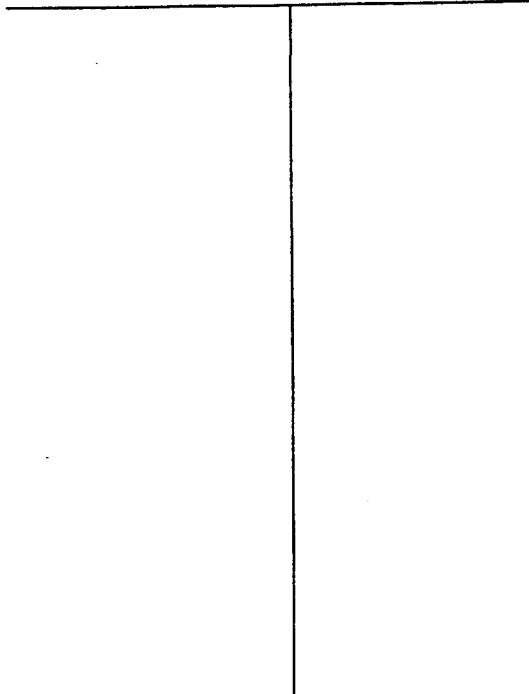
[Signature]
Signature of Water Well Contractor

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C-372

If well telescopes please sketch below and show depths.

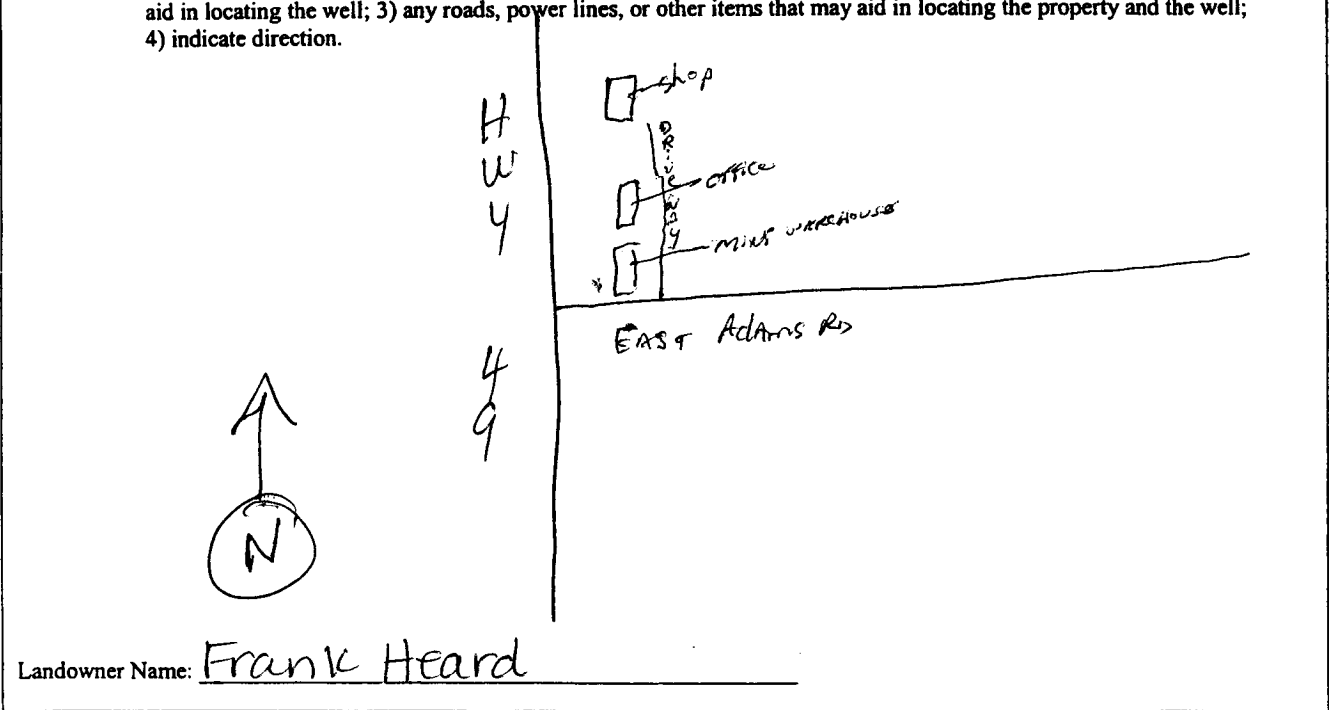
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 2 |
| Orange Clay | 2 | 18 |
| Brown coarse sand | 18 | 30 |
| Orange & White Clay | 30 | 85 |
| Brown coarse sand | 85 | 110 |
| Blue clay | 110 | 300 |
| Gray coarse sand | 300 | 345 |
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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.



Signature of Water Well Contractor

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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: Harrison
Permit #: _____
Driller: Coast Water Well SRV.
Date completed: 2-14-07

For Office Use Only:
Aquifer: _____
Well #: C-372
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
Owner Name: Frank Heard
Mailing Address: EAST Adams Rd
Saucier MS 39574
City State Zip Code
Telephone No. (228) 8661-1657

Well Location
Latitude: 30° 35.580' Longitude: 089° 07.560'
Method of Lat/Long (circle one): Conventional Survey, 35 33
USGS quad: Hand-held GPS, Survey-grade GPS
SW 1/4 S6 1/4 Sec 19 Twn 55 Rng R11W
Distance Direction Nearest Town
3 Miles SOUTH of Saucier

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 2-15-07
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: 1HP
Setting Depth: 90 Ft drop pipe feet
Number of Stages: 2

Pump Test Data
Date Well Tested: 2-15-07
Static Water Level (A): 70 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 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 6 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 Ridgell 0-472
Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
Signature of Pump Installer

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MAR 12 2007

BY: OLWR