

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: C 397

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: Harrison
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 11/11/11

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>United Methodist Disaster Response Team</u>	Latitude: <u>30.36.49.38</u> Longitude: <u>089.05.1.14</u>
Mailing Address: <u>Turan Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS/
<u>Biloxi, MS 39532</u>	<u>NE 1/4, SW 1/4, Sec 15, T55, R11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 571-4507</u>	<u>9 1/2 Miles NORTH of GULFPORT</u>

Well Data

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

Date well drilling started: 11-10-11 Date well drilling completed: 11-11-11

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 11-11-11

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

Hole depth: 114 FT Well depth: 114 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 104 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 104 feet to 114 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

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 Wells Serv
 Date completed: 11/11/11

For Office Use Only:

Aquifer: _____
 Well #: 0397
 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>United Methodist Response Team</u>	Latitude: <u>30° 36' 49.38"</u> Longitude: <u>089° 05' 1.14"</u>
Mailing Address: <u>Turan Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi, MS 39532</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 15 Twn 75S Rng R11W</u>
Telephone No. <u>662 571-4507</u>	Distance Direction Nearest Town
	<u>9 1/2 Miles NORTH of Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>11-11-11</u>	Setting Depth: <u>80 FT. Dropline</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-11-11</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</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>60</u> GPM with a drawdown of
Test Pumping Rate: <u>22</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