

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 #: H-501
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Rennie Mason
Date drilling completed: 7/9/04

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>Ken Stampley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7878 Later Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi, MS. 39532</u>	1/4 Sec <u>35</u> Twn <u>6-S</u> Rng <u>10-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>228, 396-0754</u>	Miles of <u>Biloxi</u>

Well Data

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

Date well drilling started: 7/9/04 Date well drilling completed: 7/9/04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7-10-04

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

Hole depth: 660 Well depth: 660 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 650 feet Casing diameter: 2 inches Type of casing: P.V.I.C.

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

Screen slot size: .006 inches Setting depth: From 650 feet to 660 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 Mason

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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 #: H-501

Elevation: _____

County: Harrison
Permit #: _____
Driller: Ronnie Mason
Date completed: 7-9-04

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>Ken Stamper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2878 Baker Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belzoni</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39532</u>	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>6S</u> Rng <u>10-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>228 396-0754</u>	_____ Miles _____ of <u>Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input 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	<input checked="" type="radio"/> Electric Motor <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>7-9-04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-9-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>54</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7-9-04</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 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR