

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-510 4
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Wells Srv
Date drilling completed: 10-9-04

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>Metro Concrete Plant 2</u> | Latitude: <u>30.31.736</u> " Longitude: <u>088.59.426</u> " 44 26 |
| Mailing Address: <u>Hwy 67</u> <u>Woolmarket, Ms.</u> | Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS |
| City _____ State _____ Zip Code _____ | USGS quad, <u>SW 1/4 SE 1/4 Sec 9</u> Twn <u>6S</u> Rng <u>10W</u> |
| Telephone No. (____) _____ | Distance <u>4</u> Miles Direction <u>NORTH</u> Nearest Town <u>Woolmarket</u> |

Well Data

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

Date well drilling started: 10-7-04 Date well drilling completed: 10-9-04

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

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 10-9-04

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

Hole depth: 545 Well depth: 545 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 500 feet to 545 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

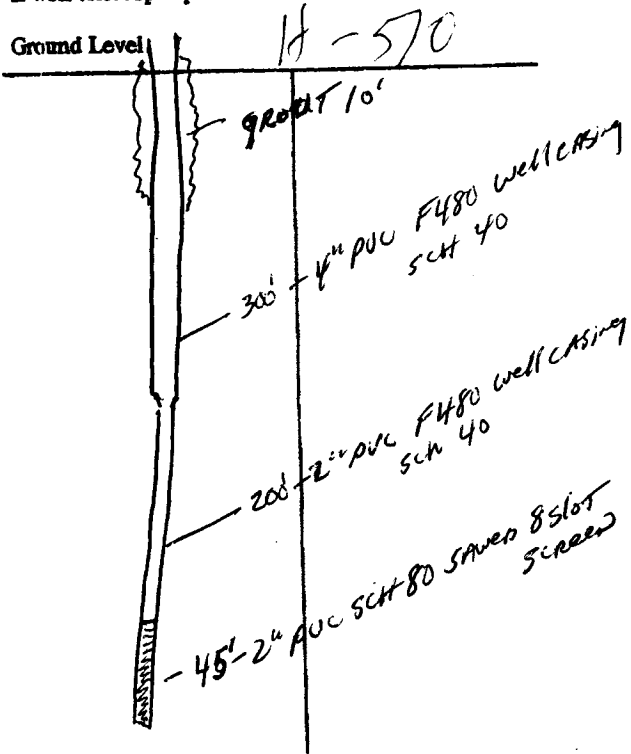
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

RECEIVED
NOV 01 2004
BY: OLWR

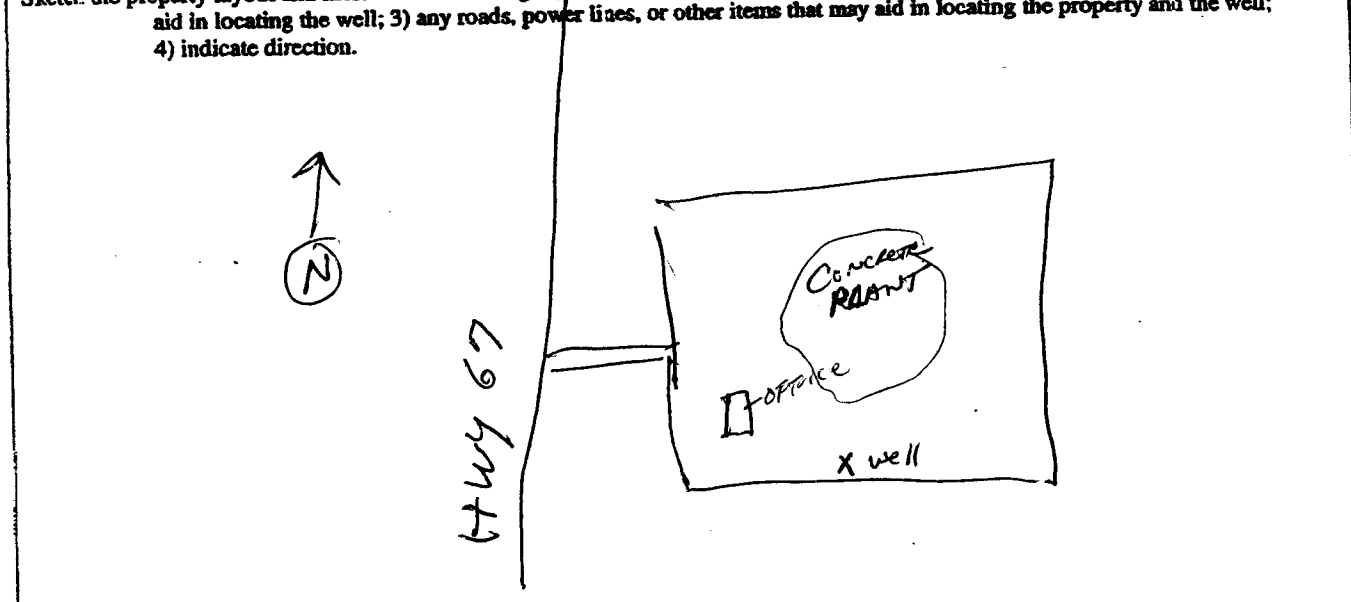
If well telescopes please sketch below and show depths.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 2 |
| Orange Clay | 2 | 20 |
| Brown Coarse Sand | 20 | 40 |
| White Clay | 40 | 55 |
| Brown Coarse Sand | 55 | 95 |
| Blue Clay | 95 | 455 |
| Gray Coarse Sand | 455 | 545 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.



Landowner Name: Metro Concrete Plant 2

John Redford
Signature of Water Well Contractor

RECEIVED
NOV 01 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-510

Elevation: _____

County: Harrison

Permit #: _____

Driller: Coast Water Well Service

Date completed: 10-9-04

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>Metro Concrete Plant 2</u> | Latitude: <u>30° 31. 736"</u> Longitude: <u>088° 59. 426"</u> |
| Mailing Address: <u>Hwy 67</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Woolmarket, MS</u> | <input checked="" type="radio"/> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 9 Twn 6S Rng 10W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>4 Miles North of Woolmarket</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): <u>3 HP FFW 35 GPM</u> | Horse Power Rating of Motor: <u>3 HP FRANKLIN</u> |
| Date Pump Installed: <u>10-10-04</u> | Setting Depth: <u>240'</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>10-10-04</u> | <input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>150'</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>N/A</u> GPM with a drawdown of |
| Test Pumping Rate: <u>35</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>16</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

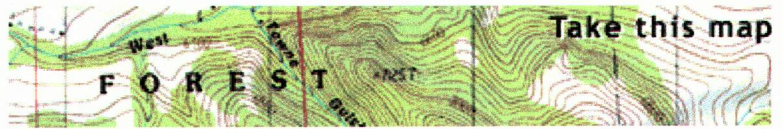
Johnny Elkins 0-716P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

NOV 01 2004

BY: OLWR

topozone



- VIEW MAPS
- GET DATA
- MY TOPOZONE
- WEB SERVICES
- ABOUT US

30° 32' 00"N, 88° 59' 43"W (WGS84)
 USGS **White Plains** Quad

[View TopoZone Pro aerial photos, shaded relief, street maps, interact](#)

- Map/Photo Info
- Topo Download
- Photo Download

USGS Topo Maps

- 1:24K/25K Series
- 1:100K Series
- 1:250K Series

Map Size

- Small
- Medium
- Large

View Scale

1 : 50,000

Update Map

Coordinate Format

D/M/S

Coordinate Datum

WGS84/NAD83

Show target

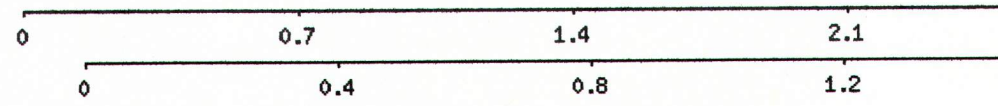
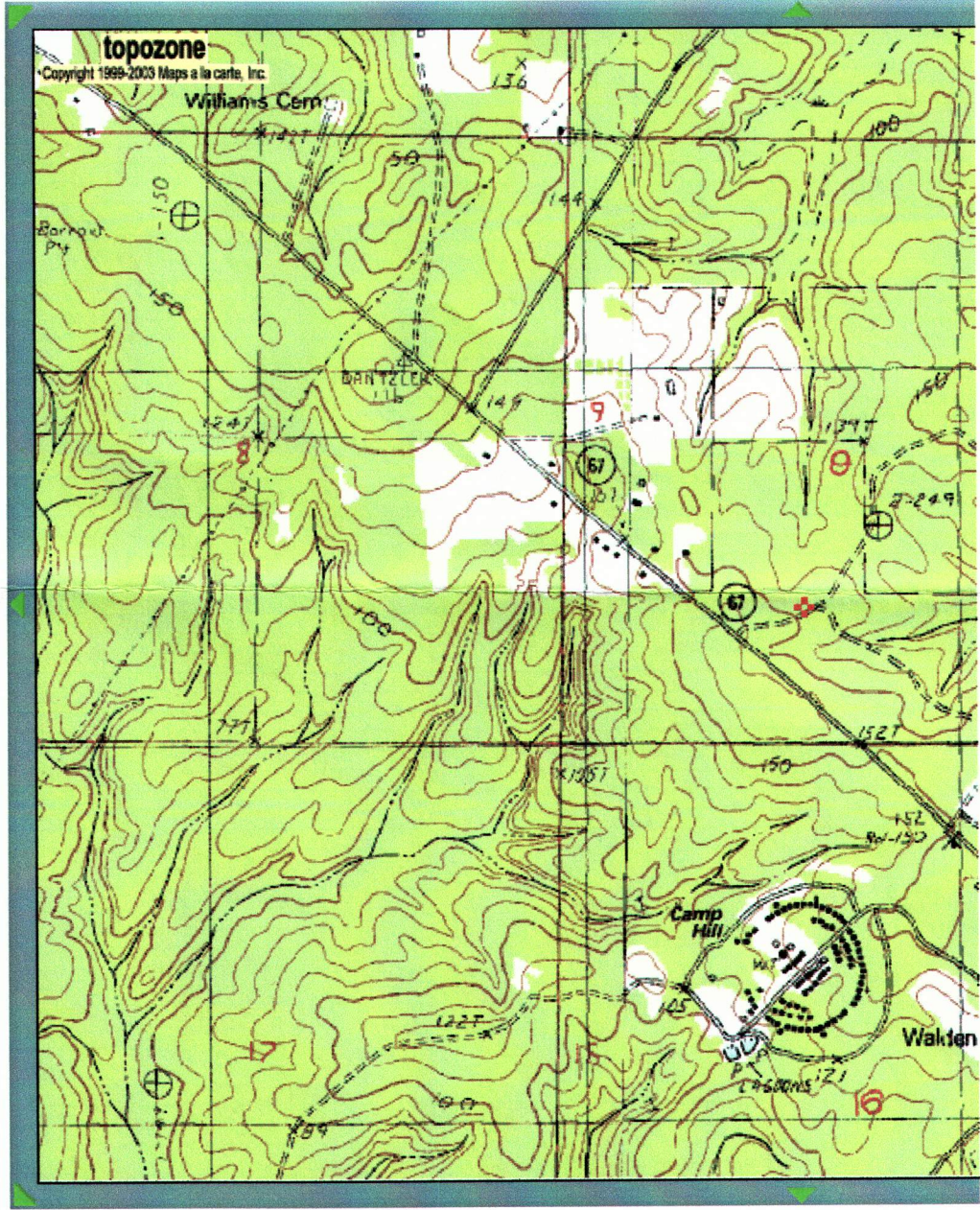
[Email this map](#)

[Bookmark this map](#)

[Print this map](#)

myTopo.com

GET A CUSTOM MAP PRINT



topozone



Map Style: Topographic

Map Scale: 1:100,000

Map Data: USGS Topographic

Map Style: Topographic

Map Scale: 1:100,000

Map Data: USGS Topographic

Map Style: Topographic

Map Scale: 1:100,000

Map Data: USGS Topographic

