

Coastal Drilling & Service Co.

State Well Report

Part I

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 #: J-320
L. S. Elevation: _____
B-log #: _____

County: Harrison
Permit #: _____
Driller: Ronnie Mason
Date drilling completed: 7-10-04

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>Creel CO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Delisle Waste Water Treatment Plant</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>3762 Maffatt Rd. Mobile Ala.</u>	_____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>75</u> Rng <u>13W</u>
City: _____ State: _____ Zip Code: <u>36618</u>	Distance _____ Miles Direction _____ of <u>Delisle</u>
Telephone No. <u>251 460-2722</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: 7-10-04

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

Static Water Level: 600 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: 500 Well depth: 500 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix _____

Casing length: 480 feet Casing diameter: 4" inches Type of casing: P.V.C.

Screen length: 20 feet Screen diameter: 4" inches Type of screen: P.V.C.

Screen slot size: .006 inches Setting depth: From 480 feet to 500 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 Redmason 0-209 Dwight Mason
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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 #: J-320

Elevation: _____

County: Harrison

Permit #: _____

Driller: Ranni Mason

Date completed: 7-10-04

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>Cree Co. Mobile AL.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lowkey Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Delisle</u> <u>water</u> <u>treatment</u> <u>plant</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pass Christian</u>	_____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>25</u> Rng <u>13W</u>
City: _____ State: <u>MS</u> Zip Code: _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>256 460-2722</u>	<u>1/4</u> Miles <u>S</u> of <u>I-10</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	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"/>	Electric Motor <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>2 HP</u>
Date Pump Installed: <u>7-11-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-11-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plum Bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</u> Gallons Per Minute	
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.

Print Name of Pump Installer and License No. (if applicable): Dwight Mason 02209

Signature of Pump Installer: Dwight Mason

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BY: OLWF