

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 #: K 414
L. S. Elevation: _____
E-log #: _____

County: Harrison 047
Permit #: _____
Driller: B. Masem
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>Ray Karnans</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Warner Rd</u> <u>Long Beach</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>MS 39564</u> State: _____ Zip Code: _____ | 1/4 _____ 1/4 Sec <u>10</u> Twn <u>705</u> Rng <u>12W</u> |
| Telephone No: <u>388</u> <u>380-0809</u> | Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Long Beach</u> |

Well Data

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

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

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

Static Water Level: 50 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: Plumb Bob

Hole depth: 540 Well depth: 530 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 530 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .064 inches Setting depth: From 530 feet to 540 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 Mason 0-209
Print Name of Water Well Contractor and License No.

Dwight Mason
Signature of Water Well Contractor

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AUG 12 2004
BY: OLWR

STATE WELL REPORT

K-414

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 #: K-414

Elevation: _____

County: Harrison
 Permit #: _____
 Driller: R. 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>Ray Karnans</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Wanow Rd</u> <u>Long Beach</u> <u>MS 39564</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____ |
| Telephone No. () <u>380-0309</u> | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |

| 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>2HP</u> |
| Date Pump Installed: <u>7-10-04</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>7-10-04</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): <u>Plumb bob</u> |
| Pumping Water Level (B): <u>80</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>9</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.

Dwight Mason 0-009 Ray Karnans
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

AUG 12 2004

BY: OLWR