

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 #: Φ-375
 L. S. Elevation: K450
 E-log #: _____

County: Harrison 047

Permit #: _____

Driller: M&M well

Date drilling completed: Sept 30, 04
M&M WELL SERVICE

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>Coastal Precision Medway</u>	Latitude: <u>30° 28' 08.6"</u> Longitude: <u>89° 11' 28.0"</u>
Mailing Address: <u>20995 Coastal Park Way</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Aulport Ms 39551</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4 Sec. 03 Twn 08S Rng 12W</u>
Telephone No. <u>(228) 332-1702</u>	Distance Direction Nearest Town <u>5 Miles South of Long Beach</u>

Well Data

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

Date well drilling started: Sept 30, 04 Date well drilling completed: Sept 30, 04

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: Oct 4, 04

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 250 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 006 inches Setting depth: From 250 feet to 260 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.

Glen Madden 0563

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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OCT 11 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)

County: Harrison
 Permit #: _____
 Driller: mfm well
 Date completed: Oct 4, 04

For Office Use Only:

Aquifer: K450
 Well #: 375
 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>Coastal Precision Machinery</u>	Latitude: <u>30° 28.086</u> Longitude: <u>89° 11.250'</u>
Mailing Address: <u>20995 Coastal Park way</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Highport Mo. 39531</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 NW 1/4</u> Sec <u>03</u> Twn <u>08S</u> Rng <u>12W</u>
Telephone No. <u>228 332-1702</u>	Distance _____ Direction _____ Nearest Town <u>7.5 Long Beach</u>
	<u>5</u> Miles <u>South</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <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	<u>Electric Motor</u> <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</u>
Date Pump Installed: <u>Oct 4, 04</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>2</u>

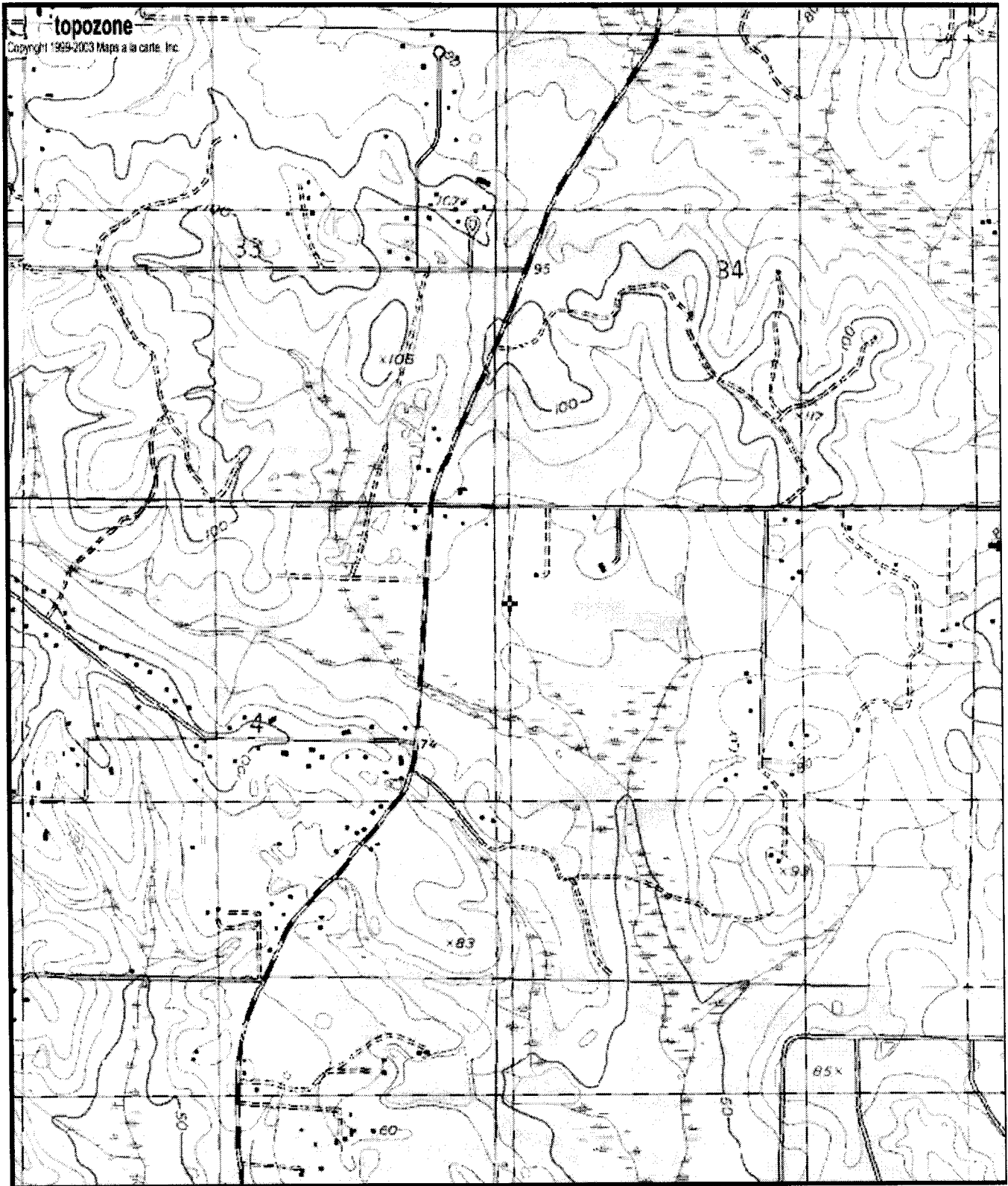
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>Palm Bob</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>22</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Glen Maddox 0563 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR

~~Q-375~~ K450



0 0.3 0.6 0.9 1.2 1.5 km
 0 0.2 0.4 0.6 0.8 1 mi

Map center is 30° 28.09'N, 89° 11.25'W (WGS84/NAD83)
Gulfport NW quadrangle
 Projection is UTM Zone 16 NAD83 Datum

↑
 G
 M=-0.061
 G=-1.11