

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 #: Q-401
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 12-31-08

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>Smallwood Builders</u>	Latitude: <u>30° 20' 9.22" ⁵⁵</u> Longitude: <u>089° 13' 40.7" ²⁵</u>
Mailing Address: <u>1602 26th ST</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Gulfport MS 39501</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 18 Twn 785 Rng R126</u>
Telephone No. <u>228) 863-1433</u>	Distance Direction Nearest Town <u>1</u> Miles <u>NORTH</u> of <u>PASS CHRISTIAN</u>

Well Data

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

Date well drilling started: 12-29-08 Date well drilling completed: 12-31-08

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

Static Water Level: 20 feet above or (below) (circle one) land surface Date measured: 12-31-08

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

Hole depth: 645 FT Well depth: 645 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200' x 4" feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 620 feet to 645 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

Print Name of Water Well Contractor and License No.

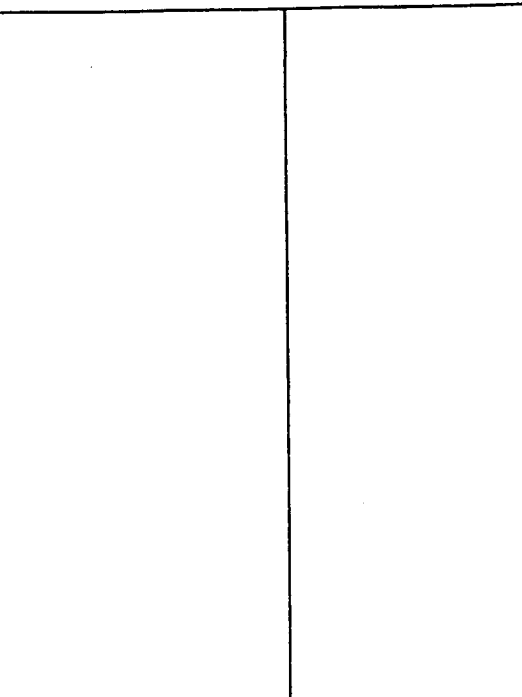
Jack Ridgdell
Signature of Water Well Contractor

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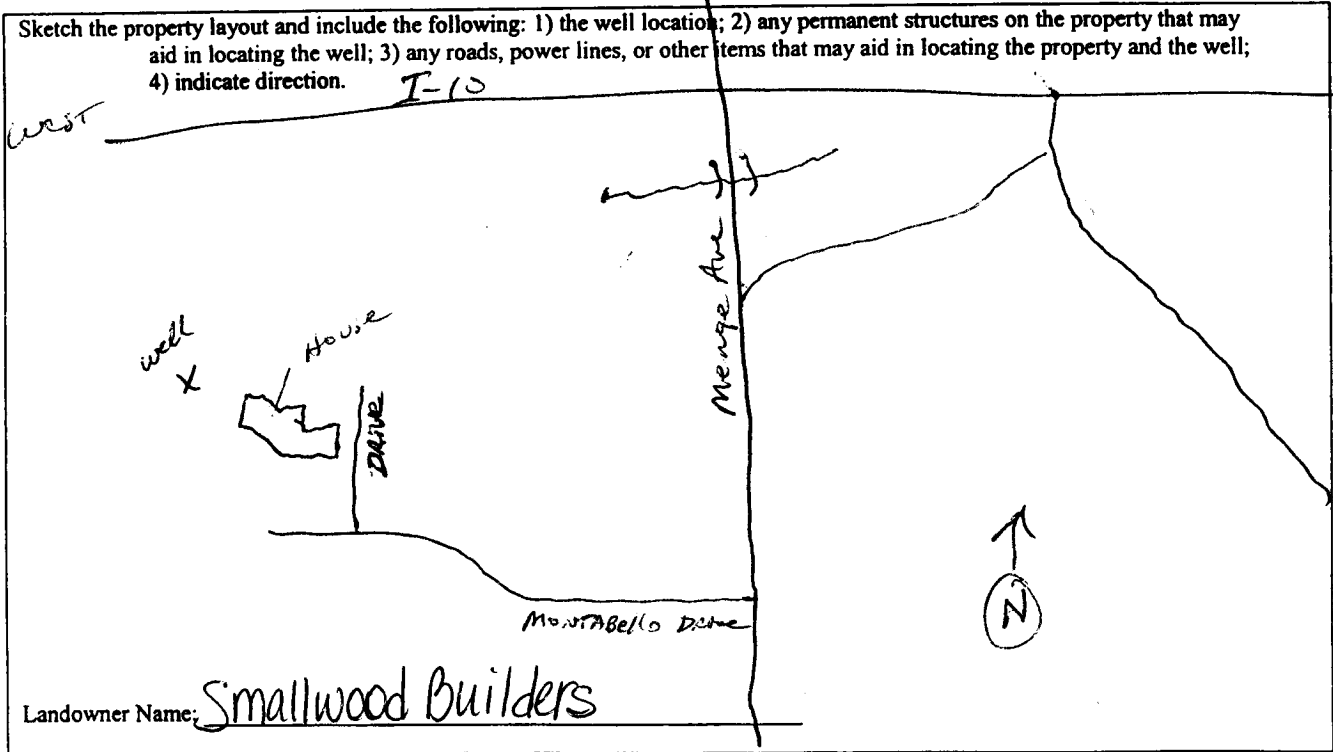
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	3
White coarse sand	3	35
Blue Clay w/ streaks of Sand	35	64
White Coarse Sand	64	106
Blue clay w/ streaks of Sand	106	385
Gray medium Sand	385	426
Blue clay w/ streaks of Sand	426	600
Gray coarse Sand	600	645

If more than one screen, show location of each on sketch



Jack P. Builders

 Signature of Water Well Contractor

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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 #: Q-401

Elevation: _____

County: Harrison

Permit #: _____

Driller: Coastwater Well Serv.

Date completed: 12-31-08

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>Smallwood Builders</u>	Latitude: <u>30° 20' 9.22"</u> Longitude: <u>089° 13' 40.7"</u>
Mailing Address: <u>1602 26th ST</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Gulfport Ms 39501</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 18 Twn T8S Rng R12W</u>
Telephone No. <u>(228) 863-1433</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>NORTH</u> of <u>PASS CHRISTIAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>1-9-09</u>	Setting Depth: <u>80 FT. Droppipe</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-09</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</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>50</u> GPM with a drawdown of
Test Pumping Rate: <u>32</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>4</u> hours	

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

Jack Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
 Signature of Pump Installer

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