

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:

County: Jackson

Permit #: _____

Driller: Coast Water Wells RV.

Date drilling completed: 3-31-09

Aquifer: _____

Well #: A-124

L. S. Elevation: _____

E-log #: _____

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>John Eunice</u>	Latitude: <u>30° 40' 46" ²³</u> Longitude: <u>088° 47' 25" ⁵⁰</u>
Mailing Address: <u>Wayne Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vandave, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>28</u> Twn <u>T4S</u> Rng <u>R8W</u>
Telephone No. <u>(228) 348-1611</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>NW</u> of <u>Vandave</u>

Well Data

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

Date well drilling started: 3/25/09 Date well drilling completed: 3/31/09

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

Static Water Level: 117 feet above or below (circle one) land surface Date measured: 3/31/09

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

Hole depth: 457 FT Well depth: 457 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240' x 4" PVC feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 437 feet to 457 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. Signature of Water Well Contractor

APR 08 2009

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: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date completed: 3-31-09

For Office Use Only:

Aquifer: _____
 Well #: A124
 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

Owner Name: John Eunice
 Mailing Address: Wayne Lane
Vanceleave MS 39565
 City State Zip Code
 Telephone No. 228-348-0337

Well Location

Latitude: 30°40'41.6" Longitude: 088°47'22.5"
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, ~~4950~~
 USGS quad, Hand-held GPS Survey-grade GPS
NE ¼ NW ¼ Sec 28 Twn 74S Rng R8W
 Distance Direction Nearest Town
12 Miles NW of Vanceleave

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-6-09
 Rated Pump Capacity: 27 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 3HP
 Setting Depth: 300 FT. Droppipe feet
 Number of Stages: 12

Pump Test Data

Date Well Tested: 8-6-09
 Static Water Level (A): 117 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: 31 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 5 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 50 GPM with a drawdown of
N/A feet after N/A hours of pumping

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

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

[Signature]
 Signature of Pump Installer

RECEIVED
 SEP 02 2009
 BY: OLWR