| St | ate Well Report | For Office Has Only | | |
|---|---|---------------------------------|--|--|
| County: Jackson | Part 1 | For Office Use Only: | | |
| Mississippi De | epartment of Environmental Quality | Aquifer: + 144 | | |
| | of Land and Water Resources | Well #: | | |
| Driller Coast Water Well SRV. | P.O. Box 10631 | | | |
| , , , , , , , , , , , , , , , , , , , | ickson, MS 39289-0631 (601) 961-5210 | L. S. Elevation: | | |
| Date drilling completed: 5/85/11 | (601) 354-6938 (fax) | E-log #: | | |
| | • | <u></u> | | |
| 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 Tim Herbert | Latitude: 30 • 40 33.3 | D'Longitude. 088 . 47 . 34.12" | | |
| Mailing Address: Harold Rd. | Method of Lat/Long (circle or | ne): Conventional Survey, | | |
| | | GPS, Survey-grade GPS | | |
| Vancleave, MS 3956 City State Zip Co | 25 Sw 1/2500 1/4 Sec 27 | Twn_ <u>745</u> Rng_ <i>R8W</i> | | |
| Telephone No. (28) 327-1800 | Distance Direction Miles | Nearest Town of New Leave | | |
| Well Data | | | | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: | | | | |
| Date well drilling started: $\frac{5}{3}$ | | | | |
| If flowing, method of flow regulation: Valve Other (describe) | | | | |
| Static Water Level: | | | | |
| Method of Measurement (circle one) steel tape electric tape other: | | | | |
| Hole depth: 434 FT. Well depth: 434 FT. Well grouted to a depth of 6eet | | | | |
| Type of grout (circle one): Cement Sentonite Mix | | | | |
| Casing length: 414 feet Casing diameter: 2 inches Type of casing: PVC | | | | |
| Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC | | | | |
| Screen slot size: <u>OCC</u> inches Setting depth: From <u>414</u> feet to <u>434</u> 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. | | | | |
| Department of Environmental Quality and/or the Missis | sippi Department of Health regulations | and state laws. | | |

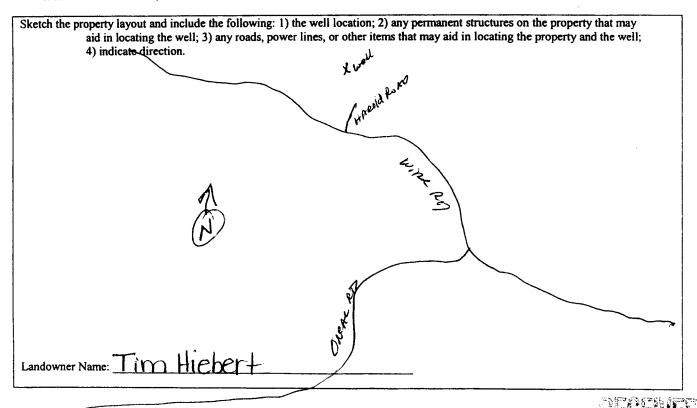
Print Name of Water Well Contractor and License No.

ende n. 8 MM

Signature of Water Well Contractor

| | • |
|--|---|
| If well telescopes please sketch below and show dept | ihs. |
| Ground Level | Description of Formations Encountered From To |
| Ground Ecver | - TOPSOIL 0 2 |
| | orange Clay 32 |
| | Blue clay |
| | Brown charse Sand, 89 |
| | Blue clay W/streaks of Sand 10738 Gray Medium to Coarse Sand 38643 |
| | Gray Medium to Coarse Sand 386 43 |
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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JUN 0 9 2011

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STATE WELL REPORT

Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601) 961-5210 Elevation: Date completed: (601) 354-6938 (fax) 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 Location Well Owner Information 30°40'32.22° _{Longitude}08847'34.92 Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad (Hand-held GPS) Survey-grade GPS SW 45W 4 Sec 27 Twn 745 Rng R8W Direction Nearest Town Distance Miles Nur Telephone No. Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Tractor PTO Electric Motor Hand **Turbine** Bucket **Piston** Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor Other (specify): Date Pump Installed: Gallons Per Minute Number of Stages: Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): NA Feet Below Land Surface For flowing well, measured shut in head: N/A Feet Below Land Surface Drawdown [(B) - (A)]: GPM with a drawdown of Gallons Per Minute Well yielded Test Pumping Rate:

| I HEREBY CERTIFY that the above statements are true to the best of Jack Ridadell 0-472 | f my knowledge. | RECEIVE |
|--|-----------------------------|---------------|
| Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer | |
| | | JUN 11 9 2011 |

Duration of Pump Test (minimum 4 hours): ___