

Jackson

State Well Report

Part I

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: A43

Well #: A153

L. S. Elevation: _____

E-log #: _____

County: ~~STATE~~ George
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 8-5-10

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>Webb Lee</u> | Latitude: <u>30° 44' 28.2"</u> Longitude: <u>088° 51' 45.9"</u> |
| Mailing Address: <u>Walker Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>Saucier, MS 39574</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>35</u> Twn <u>T35</u> Rng <u>R9W</u> |
| Telephone No. <u>228 392-5521</u> | SE Distance Direction Nearest Town <u>8</u> Miles <u>NORTH</u> of <u>LARUE</u> |

Well Data

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

Date well drilling started: 8-2-10 Date well drilling completed: 8-5-10

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 8-5-10

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

Hole depth: 531 FT. Well depth: 531 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 251 x 2" PVC feet Casing diameter: 4" x 2" 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 511 feet to 531 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.

Jack Ridgdell
Signature of Water Well Contractor

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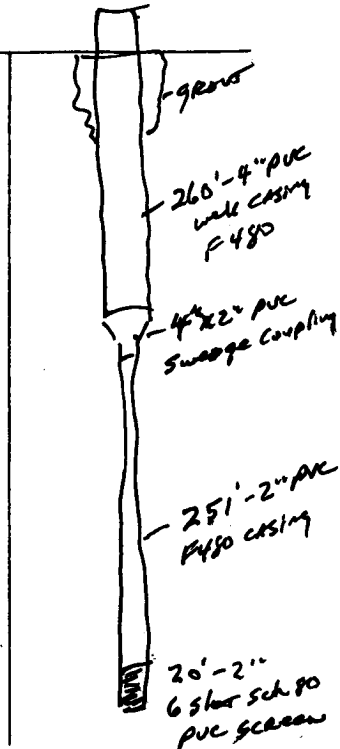
AUG 16 2010

BY: OLWR

If well telescopes please sketch below and show depths.

A 43

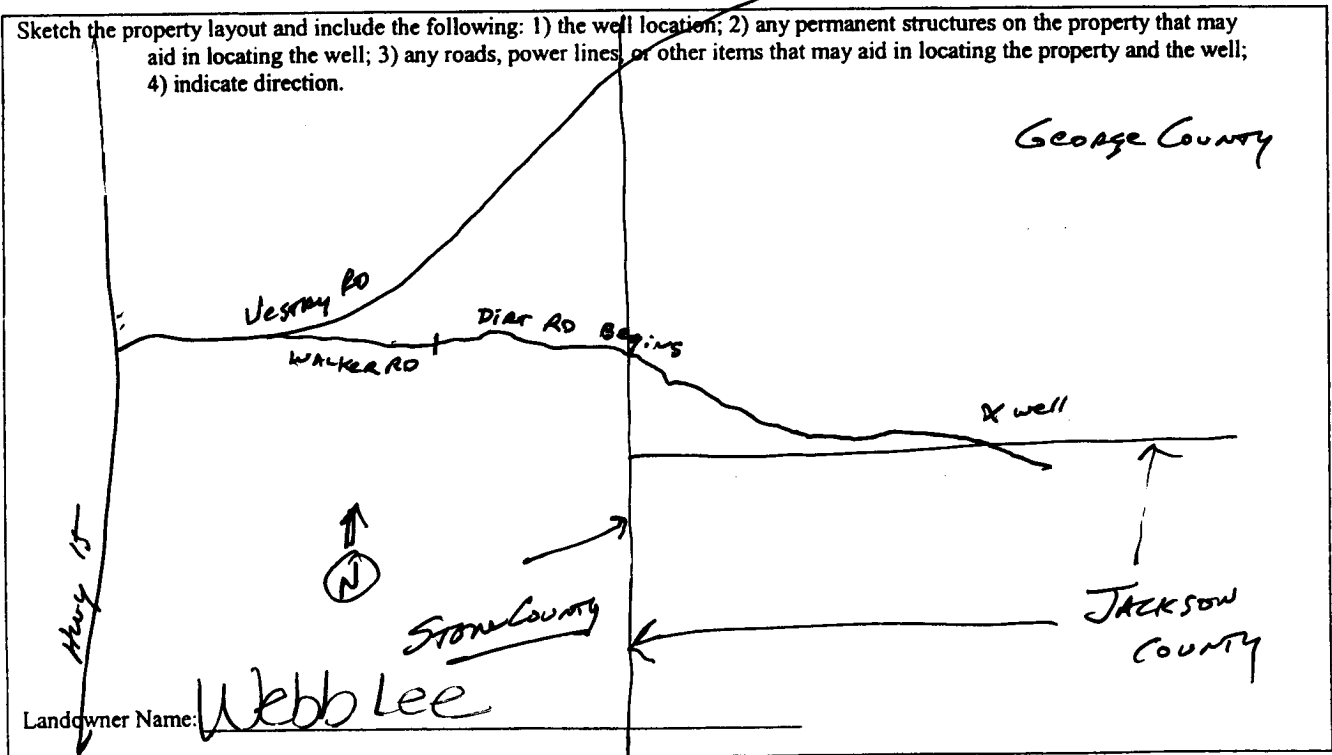
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOPSOIL | 0 | 2 |
| Orange Clay | 2 | 35 |
| Blue Clay w/ Streaks of Sand | 35 | 498 |
| Gray Course Sand | 498 | 531 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines or other items that may aid in locating the property and the well; 4) indicate direction.



Signature of Water Well Contractor
Paul Ripper

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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: A 43
Well #: _____
Elevation: _____

County: STATE George
Permit #: _____
Driller: Coast Water Well Serv.
Date completed: 8/5/10

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: Webb Lee
Mailing Address: Walker Rd.
Saucier, MS 39574
City State Zip Code
Telephone No. (228) 393-5521

Well Location
Latitude: 30° 44' 2.82" Longitude: 088° 51' 45.90"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec. 35 Twn T35 Rng R9W
Distance Direction Nearest Town
8 Miles North of LARUE

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 8-6-10
Rated Pump Capacity: 10 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: 1 HP
Setting Depth: 180 FT. Drop Pipe feet
Number of Stages: 12

Pump Test Data
Date Well Tested: 8-6-10
Static Water Level (A): 120 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: 12 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 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 45 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.
Jack Ridgdell 0-472
Print Name of Pump Installer and License No. (if applicable)
[Signature]
Signature of Pump Installer

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