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Coastal Drilling

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### 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: \_\_\_\_\_  
Well #: B-47  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson 059  
Permit #: \_\_\_\_\_  
Driller: R. M. ASUN  
Date drilling completed: 2/24/05

Mason Water Wells, 22C  
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>William Pace</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Old River Rd</u>	_____ 1/4 _____ 1/4 Sec. <u>18</u> Twn. <u>4S</u> Rng. <u>7W</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Marshall</u>	
<u>Marshall</u>	City State Zip Code: _____ MS 39504		
Telephone No. ( ) <u>601-818-1994</u>			

**Well Data**

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

Date well drilling started: 2-24-05 Date well drilling completed: 2-24-05

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 2-24-05

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

Hole depth: 100 Well depth: 90 Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PC

Screen slot size: .004 inches Setting depth: From 90 feet to 100 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.  
Debra ASUN 0209  
Print Name of Water Well Contractor and License No. 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)

County: Jackson  
 Permit #:                       
 Driller: R. Mason  
 Date completed: 2-24-05

**For Office Use Only:**  
 Aquifer:                       
 Well #: 13-47  
 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>William Pace</u>	Latitude: <u>                    </u> Longitude: <u>                    </u>
Mailing Address: <u>Old Kierkd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Vanclave</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>MS 39564</u>	<u>1/4</u> <u>18</u> <u>18</u> <u>45</u> <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>818-1996</u>	<u>8</u> Miles <u>NW</u> of <u>Vanclave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>                    </u>
Other (specify): <u>                    </u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-25-05</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>                    </u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>                    </u> GPM with a drawdown of <u>                    </u> feet after <u>                    </u> hours of pumping
Test Pumping Rate: <u>13</u> Gallons Per Minute	
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.

R. Mason 0-209  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer