

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 #: B-72
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SA
Date drilling completed: 8-7-07

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>Mark Vaught</u> | Latitude: <u>30° 39' 713"</u> Longitude: <u>88° 41' 604"</u> |
| Mailing Address: <u>Peters Rd.</u> | Method of Lat/Long (circle one): <u>43</u> Conventional Survey, <u>40</u> |
| <u>Vanceleave, MS 39565</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS / |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 SW 1/4 Sec 28 Twn T45 Rng R7W</u> |
| Telephone No. <u>228</u> | Distance: <u>9 1/2</u> Miles Direction: <u>NORTH</u> of Nearest Town: <u>Vanceleave</u> |

Well Data

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

Date well drilling started: 8-6-07 Date well drilling completed: 8-7-07

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 8-7-07

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

Hole depth: 225 FT Well depth: 225 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 210 feet to 225 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.

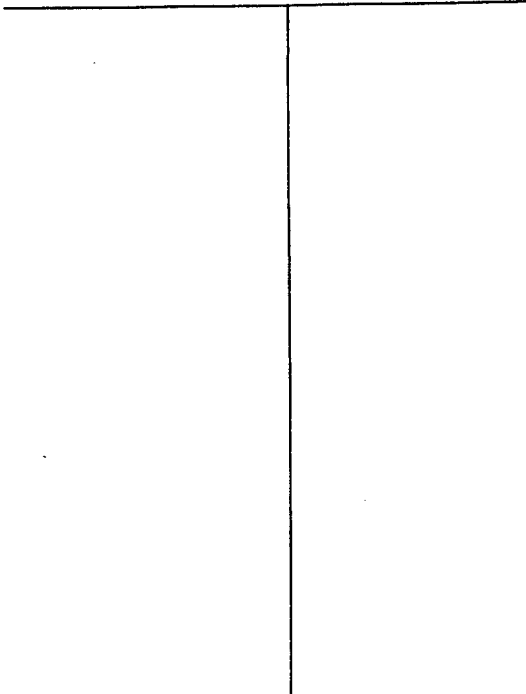
Jack Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

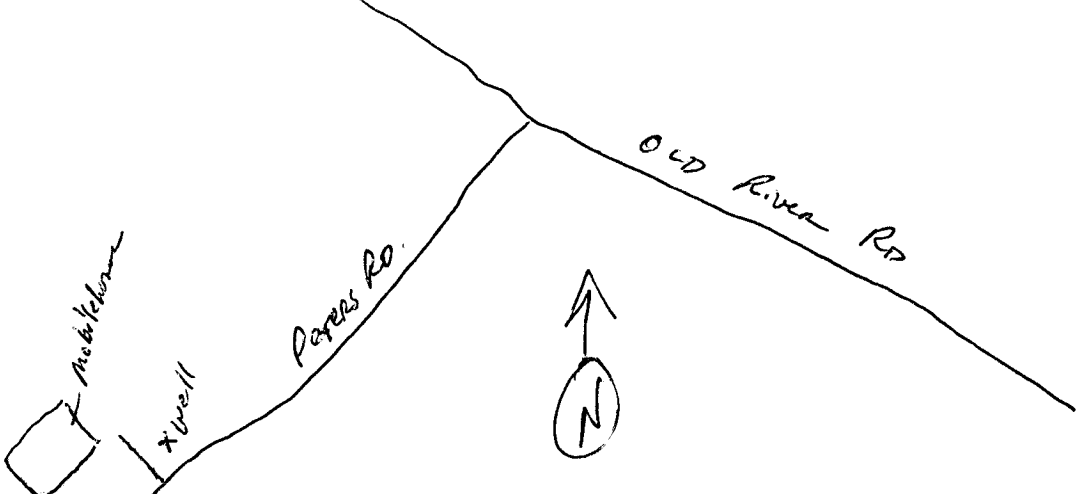
Ground Level




| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP Soil | 0 | 2 |
| Brown coarse sand | 2 | 30 |
| Blue clay | 30 | 305 |
| Gray Medium sand | 305 | 355 |
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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.



Landowner Name: Mark Vaught



 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: Coast Water Well Serv.
 Date completed: 8-9-07

For Office Use Only:

Aquifer: _____
 Well #: B-72
 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>MARK VAUGHT</u> | Latitude: <u>30° 39' 713"</u> Longitude: <u>088° 41' 664"</u> |
| Mailing Address: <u>PETERS RO.</u> <u>VAN CLEAVE, MS. 39565</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>SW 1/4 SW 1/4 Sec 28 Twn 74S Rng R7W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>9 1/2 Miles North of VAN CLEAVE</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>8-9-07</u> | Setting Depth: <u>160' DR² pipe</u> feet |
| Rated Pump Capacity: <u>5.5</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>8-9-07</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>135'</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>5.5</u> GPM GPM with a drawdown of |
| Test Pumping Rate: <u>5.5</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>6.25</u> hours | |

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

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

John Ridgden
 Signature of Pump Installer

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