

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 #: C-94
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wellsrv.
Date drilling completed: 2-4-05

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>Latrice Drozco</u>	Latitude: <u>30° 39' 28" N</u> Longitude: <u>88° 33' 48" W</u>
Mailing Address: <u>2808 Sammy Herndon Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mass Point MS 39562</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 26</u> Twn <u>45</u> Rng <u>6W</u>
Telephone No. <u>(228) 588-9102</u>	Distance Direction Nearest Town
	Miles of

Well Data	
Purpose of Well (circle one): <u>Home</u>	Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: <u>2-4-05</u>	Date well drilling completed: <u>2-4-05</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): _____	
Static Water Level: <u>5</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>2-4-05</u>
Method of Measurement (circle one): <u>air line</u>	steel tape electric tape other: _____
Hole depth: <u>315'</u>	Well depth: <u>315'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <u>Bentonite</u>	Cement Mix
Casing length: <u>305</u> feet	Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet	Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.004</u> inches	Setting depth: From <u>305</u> feet to <u>315</u> feet
Type of completion (circle all applicable): <u>Natural Development</u>	Gravel packed Underreamed Telescoped Open hole
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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 Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

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FEB 10 2005

BY: OLWR

Ground Level

C-94

If more than one screen, show location of each on sketch

A hand-drawn map on a grid background. A road, labeled 'SANDY HERRON RD', runs diagonally from the top left towards the bottom right. A north arrow is drawn on the left side, pointing upwards. In the upper right corner, there is a small rectangle labeled 'House'. The word 'RECEIVER' is partially visible at the bottom right edge of the map.

Landowner Name: Latrice Orozco

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~~FEB 10 2005~~

BY: OLWR

Signature of Water Well Contractor

Jack Riddle
f Water Well Contractor

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: _____

Well #: C-94

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coastwater Wellsrv

Date completed: 2-4-05

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: Latrice Orozco
Mailing Address: 2808 Sammy Herndon Rd
Miss Point MS 39562
City State Zip Code
Telephone No. 601 588-9102

Well Location

Latitude: 30°39' 781" Longitude: 088°33' 800"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec 26 Twn 14S Rng R6W
Distance Direction Nearest Town
2 Miles NE of WADE

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): 1 HP Goulds
Date Pump Installed: 2-5-05
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 Goulds
Setting Depth: 20' drop pipe feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 2-5-05
Static Water Level (A): 5' 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: 10 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 10 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.

Ben Ridgdell 0-713P
Print Name of Pump Installer and License No. (if applicable)

Ben Ridgdell
Signature of Pump Installer

RECEIVED

FEB 10 2005

BY: OLWR