

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-98
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv
Date drilling completed: 6-21-05

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>Glen + Gretchen Brochard</u>	Mailing Address: <u>1600 Anna B Rd</u>	Latitude: <u>30° 43' 54" N</u>	Longitude: <u>88° 35' 05" W</u>
<u>MOSS POINT MS 39562</u> City State Zip Code	Telephone No. <u>770 366-7057</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS	USGS quad, <u>NE 1/4 NE 1/4 Sec 4 Twn T45 Rng R6 W</u>
		Distance: <u>6</u> Miles	Direction: <u>North</u> of Nearest Town: <u>WADE</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>6-20-05</u> Date well drilling completed: <u>6-21-05</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	Static Water Level: <u>55</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-21-05</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	Hole depth: <u>250'</u> Well depth: <u>250'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>230</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>.008</u> inches Setting depth: From <u>230</u> feet to <u>250</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	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 Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

RECEIVED

JUN 27 2005

BY: OLWR

If well telescopes please sketch below and show depths.

C-98

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	3
Orange Sand	2	25
White Clay	25	58
White coarse sand	58	85
Blue clay	85	197
Gray Medium to Coarse Sand	197	250

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.

The sketch shows a property layout with several roads: Coyt Brooks Rd at the top, Dawson Rd on the right, and Kallstree Rd connecting them. Hwy 63 is shown on the left. A north arrow points upwards. A well location is marked with an 'x' near a house on Dawson Rd.

Landowner Name: Glen + Gretchen Bruchard

Jack Ridgwell
 Signature of Water Well Contractor

RECEIVED
 JUN 27 2005
 BY: OLWR

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-98

Elevation: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Wells Serv
Date completed: 6-21-05

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	Well Location
Owner Name: <u>Glen + Gretchen Brochard</u>	Latitude: <u>30° 43' 895"</u> Longitude: <u>088° 35' 080"</u>
Mailing Address: <u>1600 Anna B Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Miss Point MS 39562</u>	<u>E</u> 1/4 <u>NE</u> 1/4 Sec <u>4</u> Twn <u>T4S</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(770) 366-7057</u>	<u>6</u> Miles <u>North</u> of <u>WADA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 HP Goulds</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>6-22-05</u>	Setting Depth: <u>80FT. Drop pipe</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-22-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>55</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>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</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>4</u> hours	

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

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

RECEIVED
JUN 27 2005
BY: OLWR