

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 #: D-234
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 5-27-06

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>Karen Richard</u>	Latitude: <u>30° 41' 28.8"</u> Longitude: <u>088° 31' 07.4"</u>
Mailing Address: <u>5317 Ceres Farm Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
<u>Hurley</u> <u>MS</u> <u>39555</u> <small>City State Zip Code</small>	USGS quad: <u>NW 1/4 NE 1/4 Sec 190 Twn 24S Rng R5W</u>
Telephone No. <u>(208) 219-8008</u>	Distance <u>2 1/2</u> Miles Direction <u>NNW</u> of Nearest Town <u>Hurley</u>

Well Data

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

Date well drilling started: 5-27-06 Date well drilling completed: 5-27-06

If flowing, method of flow regulation: Valve NIA Other (describe) _____

Static Water Level: 70' feet above or below (circle one) land surface Date measured: 5-27-06

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

Hole depth: 265' Well depth: 265' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 2 1/2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 255 feet to 265 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): NIA

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

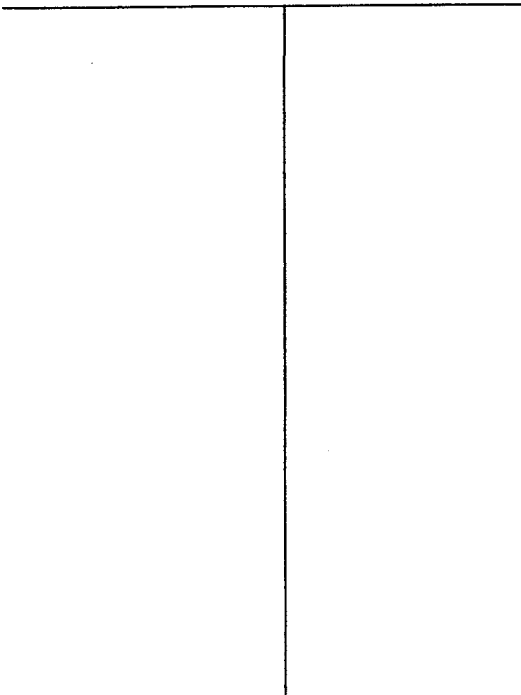
Jack Ridgwell
Signature of Water Well Contractor

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BY: OLWR

D-234

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
Red clay	2	19
White coarse sand	19	40
Blue clay	40	53
White coarse sand	53	65

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.

House X well

Ceres Farm Rd

HWY 613

↑ N

Landowner Name: Karen Richard

Jack Pinkell
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)

For Office Use Only:

Aquifer: _____

Well #: D-234

Elevation: _____

County: JACKSON

Permit #: _____

Driller: Coast Water Well Serv.

Date completed: 5-27-06

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: Karen Richard

Mailing Address: 5317 Ceres Farm Rd.

Hurley MS 39555
City State Zip Code

Telephone No. (228) 219-8008

Well Location

Latitude: 30°41'28.8" Longitude: 088°31'07.4"

Method of Lat/Long (circle one): Conventional Survey

USGS quad, (Hand-held GPS) Survey-grade GPS

NW 1/4 NE 1/4 Sec 19 Twn T45 Rng R5W

Distance Direction Nearest Town

2 1/2 Miles NNW of Hurley

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 6-1-06

Rated Pump Capacity: 6 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: 85 FT. DROP PIPE feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 6-1-06

Static Water Level (A): 70 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: 6 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 6 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 Riddell 0-713P
Print Name of Pump Installer and License No. (if applicable)

Ben Riddell
Signature of Pump Installer

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JUN 29 2006

BY: OLWR