

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 #: E 106
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells sv
Date drilling completed: 8-20-05

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>Robert + Shannon Everett</u>	Latitude: <u>30° 36' 45.2"</u> Longitude: <u>088° 50' 63.0"</u>
Mailing Address: <u>Larue Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ocean Springs MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4, NE 1/4 Sec 24 Twn T55 Rng R9 W</u>
Telephone No. <u>(228) 875-4075</u>	Distance Direction Nearest Town
	<u>10 Miles NW of Vanleave</u>

Well Data

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

Date well drilling started: 8-18-05 Date well drilling completed: 8-20-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 8-20-05

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

Hole depth: 439' Well depth: 439' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 424 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 424 feet to 439 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

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BY: OLWR

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

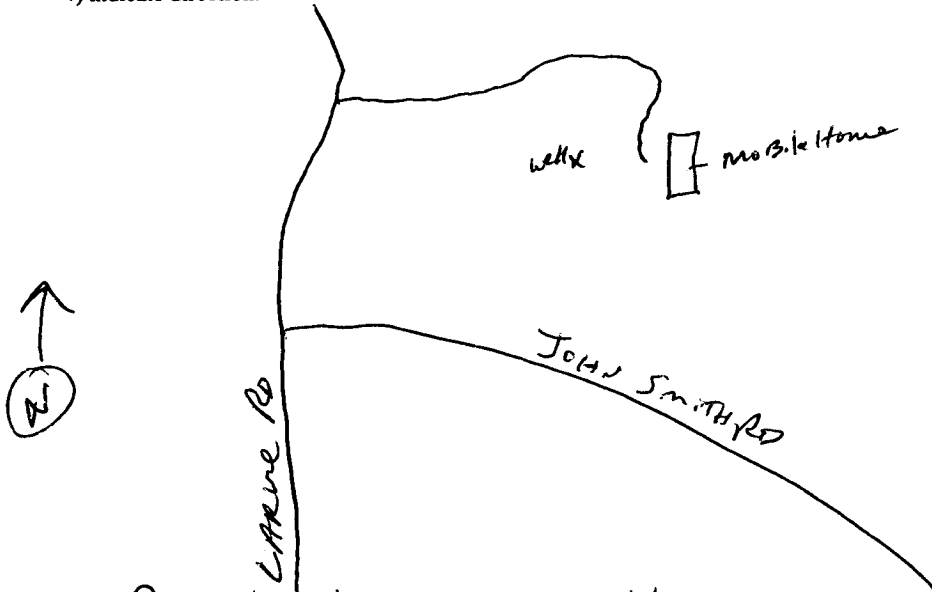
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
White + Red Clay	2	25
Pink Clay	25	90
Brown Coarse Sand + Pea gravel	90	124
Blue clay w/ streaks of sand	124	410
Gray Medium to Coarse Sand	410	437

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.



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Landowner Name: Robert + Shannon Everette

Jack Pridell
 Signature of 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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Well SRV
 Date completed: 8-20-05

For Office Use Only:

Aquifer: _____
 Well #: E-106
 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>Robert + Shannon Everett</u>	Latitude: <u>30°36'45.2"</u> Longitude: <u>088°50'630"</u>
Mailing Address: <u>Larue Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs MS 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 24 Twn 75S Rng R9W</u>
Telephone No. <u>228 875-4015</u>	Distance Direction Nearest Town
	<u>10 Miles NW of Vancleave</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> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP Sta-Rite</u>
Date Pump Installed: <u>1-11-06</u>	Setting Depth: <u>120 FT. Droppipe</u>
Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>95</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>8.5</u> GPM with a drawdown of
Test Pumping Rate: <u>8.5</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>4</u> hours	

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

John Elkins 0-716P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 26 2006
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