

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-158
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells, Inc.

Date drilling completed: 6-27-08

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>Jude Treigle</u> | Latitude: <u>30° 34' 718"</u> Longitude: <u>88° 48' 455"</u> |
| Mailing Address: <u>John Smith Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>43</u> |
| <u>Vanceleave Ms 39565</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SE 1/4 Sec 29 Twn T55 Rng R8W</u> |
| Telephone No. <u>(228) 264-0940</u> | Distance <u>7 1/2</u> Miles <u>North West</u> of <u>Vanceleave</u> |

Well Data

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

Date well drilling started: 6-27-08 Date well drilling completed: 6-27-08

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 6-27-08

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

Hole depth: 228 FT Well depth: 228 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 218 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 218 feet to 228 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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JUL 25 2008
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)

County: JACKSON
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date completed: 6-27-08

For Office Use Only:

Aquifer: _____
 Well #: E-158
 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>Jude Treigle</u> | Latitude: <u>30° 34' 718"</u> Longitude: <u>088° 48' 455"</u> |
| Mailing Address: <u>John Smith Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Vandave, Ms 39565</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>29</u> Twn <u>T35</u> Rng <u>R8W</u> |
| Telephone No. <u>228) 264-0940</u> | Distance Direction Nearest Town |
| | <u>7 1/2</u> Miles <u>West</u> <u>N/W</u> of <u>Vandave</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>6-30-08</u> | Setting Depth: <u>120 FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>6-30-08</u> | <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>600</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>45</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12.5</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>5</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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JUL 25 2008
 BY: OLWR