

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 #: F-237
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv
Date drilling completed: 5-11-05

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>Vicky Hebert</u> | Latitude: <u>30° 35' 41.8"</u> Longitude: <u>088° 38' 16.18"</u> |
| Mailing Address: <u>17104 River Face DR.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>25</u> <u>37</u> |
| <u>Vancleave MS 39565</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 24 Twn T55 Rng R7W</u> |
| Telephone No. <u>(228) 218-16569</u> | Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Vancleave</u> |

Well Data

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

Date well drilling started: 5-11-05 Date well drilling completed: 5-11-05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 5-11-05

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

Hole depth: 283' Well depth: 283' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 268 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 002 inches Setting depth: From 268 feet to 283 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 Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

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MAY 25 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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells sv
 Date completed: 5-11-05

For Office Use Only:

Aquifer: _____
 Well #: F-237
 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>Vickie Hebert</u> | Latitude: <u>30°35'418"</u> Longitude: <u>088°38'618"</u> |
| Mailing Address: <u>17104 River Place Dr</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS |
| <u>Vancleave MS 39565</u> City State Zip Code | <u>SW 1/4 SW 1/4 Sec 24 Twn T55 Rng RTW</u> |
| Telephone No. <u>628 218-6565</u> | Distance Direction Nearest Town <u>5 Miles NE 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): <u>2 HP</u> | Horse Power Rating of Motor: <u>2 HP</u> |
| Date Pump Installed: <u>5-16-05</u> | Setting Depth: <u>120 FT. Droppipe</u> feet |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5-16-05</u> | <u>(Air Line)</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>100</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>9</u> GPM with a drawdown of |
| Test Pumping Rate: <u>9</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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 MAY 25 2005
 BY: OLWR