

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:

County: Jackson

Permit #:

Driller: Coast Water Wells, Inc.

Date drilling completed: 8-28-07

Aquifer: _____

Well #: F-361

L. S. Elevation: _____

E-log #: _____

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

Owner Name: Kacey Carpenter

Mailing Address: 6100 Spruce Ave.

Vance MS 39565
City State Zip Code

Telephone No. (228) 218-6369

Well Location

Latitude: 30° 35' 10.6" Longitude: 088° 42' 37.8"

Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, 23

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

SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 29 Twn 75S Rng R7W

Distance 7 Miles Direction North of Nearest Town Vance

Well Data

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

Date well drilling started: 8-27-07 Date well drilling completed: 8-28-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-28-07

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

Hole depth: 260 FT Well depth: 260 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 245 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 245 feet to 260 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 Ridgwell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgwell
Signature of Water Well Contractor

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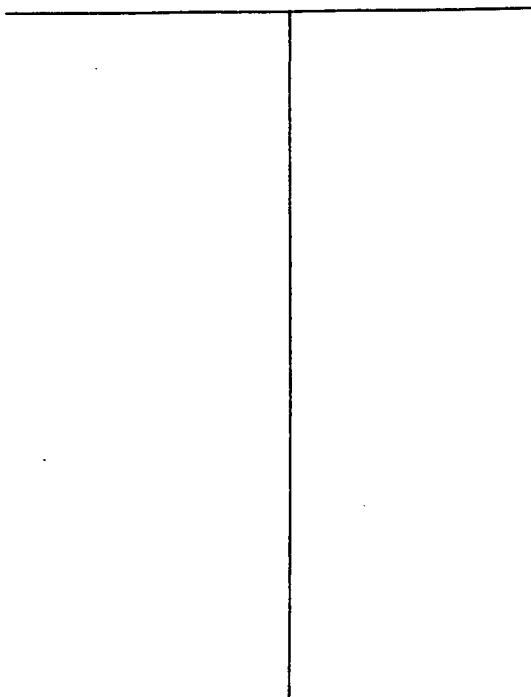
SEP 27 2007

BY: OLWR

F-361

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange Clay	2	33
Blue Clay	33	68
Brown Coarse Sand	68	94
Blue Clay	94	330
Gray Coarse Sand	330	360

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.

Landowner Name: Kacey Carpenter

Signature of Water Well Contractor: [Handwritten Signature]

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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 #: F-361
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv.
 Date completed: 8-28-07

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>Kacey Carpenter</u>	Latitude: <u>30°35'100"</u> Longitude: <u>088°42'378"</u>
Mailing Address: <u>6100 Spruce Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Vancleave Ms 39565</u>	<u>SW 1/4 NE 1/4 Sec 29 Twn 75S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 218-6369</u>	<u>4</u> Miles <u>NORTH</u> of <u>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	<input checked="" type="radio"/> Electric Motor <input type="radio"/> 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</u>
Date Pump Installed: <u>8-29-07</u>	Setting Depth: <u>120 FT. Drop pipe</u> feet
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>8-29-07</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>90</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.

Jack Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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