

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-374
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SRV.
Date drilling completed: 12-6-07

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>Doug Holden</u>	Latitude: <u>30° 37' 247"</u> Longitude: <u>088° 40' 350"</u>
Mailing Address: <u>Dwyer Branch Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>1A</u>
<u>Vancleave, MS 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 Twn T55 Rng R7W</u>
Telephone No. <u>601-861-1460</u>	Distance Direction Nearest Town
	<u>7 Miles NORTH of VANCELEAVE</u>

Well Data	
Purpose of Well (circle one): Industrial Public Supply Irrigation Fish Culture Other: <u>CATTLE & BARN</u>	
Date well drilling started: <u>12-5-07</u>	Date well drilling completed: <u>12-6-07</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>125</u> feet above or <u>(below)</u> (circle one) land surface	Date measured: <u>N/A</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>245 FT</u> Well depth: <u>245 FT</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>225</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>225</u> feet to <u>245</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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

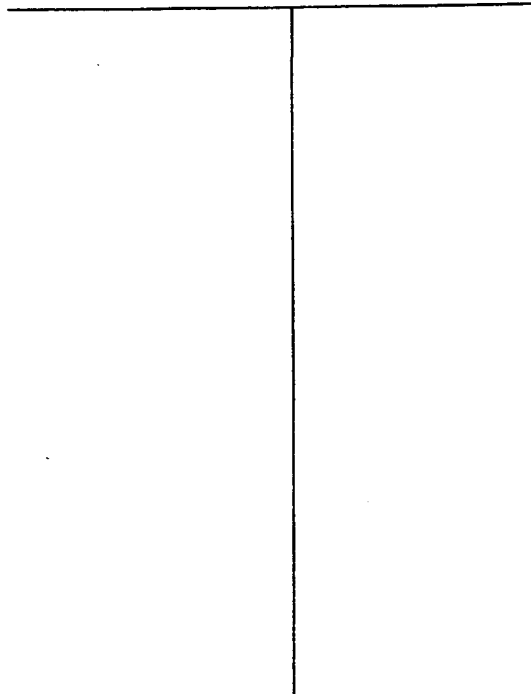
[Signature]
Signature of Water Well Contractor

12-27-07
9:00 AM

F-374

If well telescopes please sketch below and show depths.

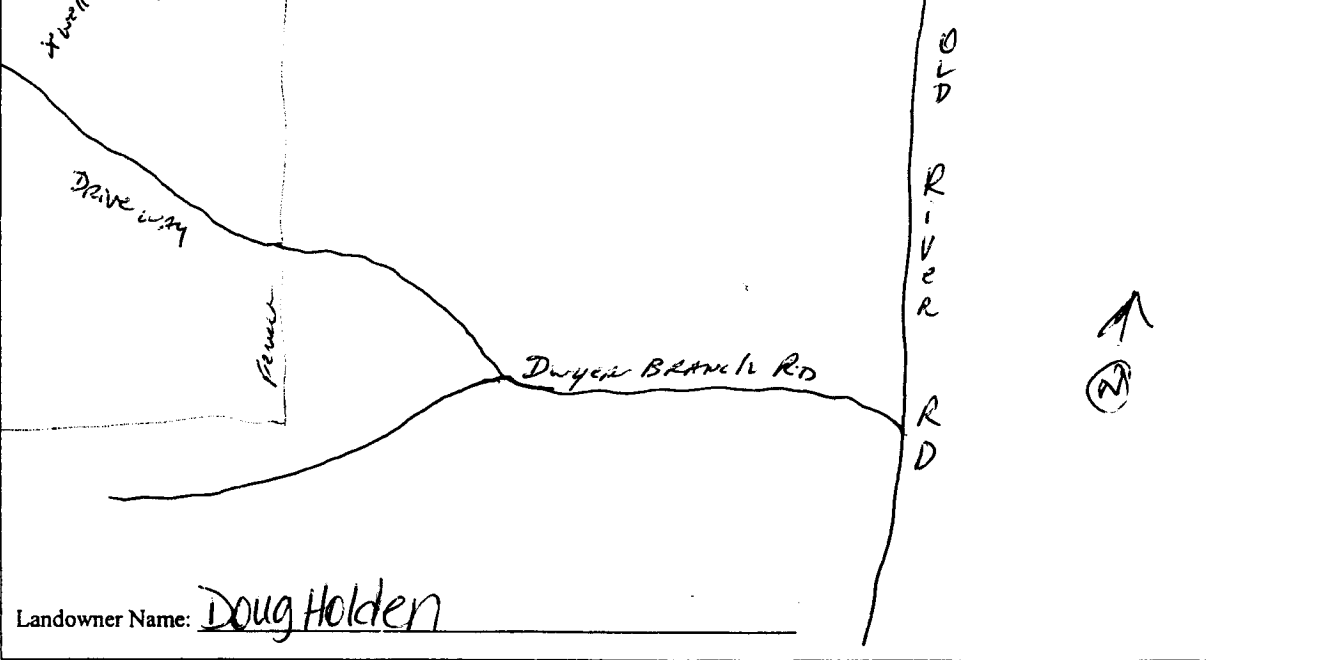
Ground Level



Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange Clay	2	30
Brown Coarse Sand	30	35
Blue Clay	35	40
Gray Coarse Sand	40	44

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.



Doug Ridge
Signature of Water Well Contractor

RECEIVED
DATE
BY

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-374

Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date completed: 12-6-07

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>Doug Holden</u>	Latitude: <u>30°37'247"</u> Longitude: <u>088°40'350"</u>
Mailing Address: <u>Dwyer Branch Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Vanceleave MS 39565</u>	<u>NE 1/4 SW 1/4 Sec 10 Twn T5S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228, 861-1460</u>	<u>7</u> Miles <u>North</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>12-7-07</u>	Setting Depth: <u>180 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-07</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</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>30</u> GPM with a drawdown of
Test Pumping Rate: <u>22</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 1/2</u> hours	

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

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

[Signature]
Signature of Pump Installer