

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: F 421
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 1-14-10

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>Clayton Horns/Greg Adams</u> | Latitude: <u>30° 33' 702"</u> Longitude: <u>088° 41' 252"</u> |
| Mailing Address: <u>McGregor Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>42</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>15</u> |
| <u>Vandave Ms 39565</u> | NW 1/4, NE 1/4 Sec <u>43</u> Twn <u>7</u> S Rng <u>R 7 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>228 215-6261</u> | <u>1</u> Miles <u>NORTH</u> of <u>Vandave</u> |

Well Data

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

Date well drilling started: 1-14-10 Date well drilling completed: 1-14-10

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 1-14-10

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

Hole depth: 270 FT. Well depth: 270 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 260 feet to 270 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.

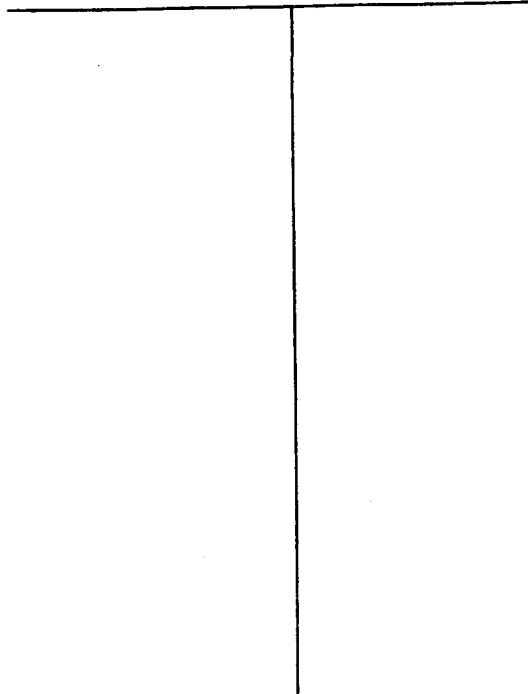
Jack Bridgell 0-472 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 2 |
| orange clay | 2 | 15 |
| orange coarse sand | 15 | 26 |
| Orange clay | 26 | 103 |
| orange Coarse Sand | 103 | 125 |
| Blue clay | 125 | 168 |
| Brown coarse Sand | 168 | 183 |
| Blue clay | 183 | 247 |
| gray Medium to coarse Sand | 247 | 270 |
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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: Clayton Homes/Greg Adams

Jack Redford
Signature of Water Well Contractor

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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: F421
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv.
 Date completed: 1-14-10

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

Owner Name: Clayton Homes/Greg Adams
 Mailing Address: McGregor Rd.
Vanderveave, MS 39565
City State Zip Code
 Telephone No. 228 215-6261

Well Location

Latitude: 30°33'702" Longitude: 088°41'252"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
NW 1/4 NE 1/4 Sec 4 Twn T65 Rng R7W
 Distance Direction Nearest Town
1 Miles NORTH of Vanderveave

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1/29/10
 Rated Pump Capacity: 5.5 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 HP
 Setting Depth: 100 FT. Drop pipe feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 1/29/10
 Static Water Level (A): 85 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: 6 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 18 GPM with a drawdown of
N/A feet after N/A hours of pumping

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

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

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