

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 466
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 8/15/12

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>Shirley Reynolds</u> | Latitude: <u>30° 35' 15.42"</u> Longitude: <u>088° 40' 56.40"</u> |
| Mailing Address: <u>16901 Old Kelly Road</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>Vanceleave, Ms 39565</u> | <u>SE 1/4 SE 1/4 Sec 21 Twn T55 Rng R7W</u> |
| City State Zip Code | NE NE 28 |
| Telephone No. <u>601 826-1668</u> | Distance Direction Nearest Town |
| | <u>4 Miles NORTH of Vanceleave</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: HAND PUMP FOR EMERGENCY USE

Date well drilling started: 8/15/12 Date well drilling completed: 8/15/12

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

Static Water Level: 10 feet above below (circle one) land surface Date measured: 8/15/12

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

Hole depth: 40 FT Well depth: 40 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 35 feet to 40 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.

[Signature]

Signature of Water Well Contractor

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 Well Serv
 Date completed: 8/15/12

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Shirley Reynolds</u> | Latitude: <u>30°35'15.42"</u> Longitude: <u>088°40'56.40"</u> |
| Mailing Address: <u>16901 Old Kelly Road</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Vandœuvre, MS 39565</u> City State Zip Code | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>28</u> Twn <u>T5S</u> Rng <u>R9W</u> |
| Telephone No. <u>601-826-1668</u> | Distance Direction Nearest Town <u>4</u> Miles <u>North</u> of <u>Vandœuvre</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <u>Piston</u> Turbine | Electric Motor <u>Hand</u> Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): <u>Hand Pitcher</u> | Horse Power Rating of Motor: <u>N/A</u> |
| Date Pump Installed: <u>8/17/12</u> | Setting Depth: <u>N/A</u> feet |
| Rated Pump Capacity: <u>5</u> Gallons Per Minute | Number of Stages: <u>N/A</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>8/17/12</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>10</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>20</u> GPM with a drawdown of |
| Test Pumping Rate: <u>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>N/A</u> hours | |

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