

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 #: B-58
L. S. Elevation: F473
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv
Date drilling completed: 8-30-06

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>Larry + Deborah Bush</u>	Latitude: <u>30° 38' 35.5"</u> Longitude: <u>088° 40' 07.4"</u>
Mailing Address: <u>20016 Old River Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>39 37</u>
<u>Vancleave MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 34 Twn T45 Rng R 7W</u>
Telephone No. <u>228 497-5919</u>	Distance <u>9</u> Miles Direction <u>NE</u> of <u>Vanclave</u>

Well Data

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

Date well drilling started: 8-29-06 Date well drilling completed: 8-30-06

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 8-30-06

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

Hole depth: 249' Well depth: 249' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 234 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 234 feet to 249 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.

Jack Ridgdell
Signature of Water Well Contractor

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B-58 F473

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Blue Clay w/streaks of Sand	2	37
Brown Coarse Sand	37	67
Blue Clay	67	100
White Coarse Sand	100	135
Blue Clay	135	140
Brown Coarse Sand	140	156
Blue Clay	156	197
Gray Medium Sand	197	249

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: Larry & Deborah Bush



 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: F473
 Well #: B-58
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wellserv.
 Date completed: 8-30-06

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>Larry & Deborah Bush</u>	Latitude: <u>30°38'35.5" N</u> Longitude: <u>088°40'07.4" W</u>
Mailing Address: <u>20016 Old River Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Vanceleave, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>34</u> Twn <u>T48</u> Rng <u>R7W</u>
Telephone No. <u>(228) 497-5919</u>	Distance: <u>9</u> Miles Direction: <u>NE</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input checked="" type="radio"/> Jet	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <input type="radio"/> Piston	<input checked="" type="radio"/> Electric Motor
Centrifugal: <input type="radio"/> Rotary	Hand: _____ Tractor PTO: _____
Other (specify): _____	Windmill: _____ Other (specify): _____
Date Pump Installed: <u>9-6-06</u>	Horse Power Rating of Motor: <u>2 HP</u>
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Setting Depth: <u>160 FT. Droppipe</u> feet
	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-6-06</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>N/A</u> Feet Below Land Surface	Electric Measuring Line: _____ Steel Tape: _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>5</u> Gallons Per Minute	Well yielded <u>5</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>20</u> hours	<u>N/A</u> feet after <u>N/A</u> hours of pumping

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)

Jack Ridgell
 Signature of Pump Installer

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