

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: H 192

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Serv.

Date drilling completed: 12/9/09

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: Thomas LeMaster

Mailing Address: 1608 B Browns Rd.

Moss Point, MS 39562
City State Zip Code

Telephone No. (228) 588-9005

Well Location

Latitude: 30° 35' 12.07" Longitude: 088° 28' 52.870"

Method of Lat/Long (circle one): Conventional Survey, _____

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

SE 1/4 SE 1/4 Sec 2128 Twn 755 Rng R5W

Distance 1/2 Miles Direction North of Nearest Town Big Point

Well Data

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

Date well drilling started: 12/9/09 Date well drilling completed: 12/9/09

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 12/9/09

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

Hole depth: 83 FT. Well depth: 83 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 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 73 feet to 83 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 0472

Print Name of Water Well Contractor and License No.

Jack Ridgdell

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

H 192

Ground Level

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Description of Formations Encountered	From	To
Top Soil	0	2
Orange clay	2	15
Brown coarse Sand	15	83

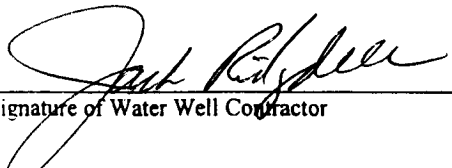
If more than one screen, show location of each on sketch

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.

The sketch depicts a property layout. A vertical line on the left is labeled "Hwy 613". A diagonal line branches off to the right, labeled "Browns Rd". At the end of Browns Rd, there is a small square labeled "House" and a cross symbol labeled "well". A north arrow is drawn on the left side, consisting of an upward-pointing arrow with the letter "N" inside a circle. At the bottom left, the text "Landowner Name: Thomas LeMaster" is written. At the bottom right, "319 Point" is written and circled.

Landowner Name: Thomas LeMaster

319 Point



 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)

For Office Use Only:

Aquifer: H192
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date completed: 12/9/09

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>Thomas Le Master</u>	Latitude: <u>30° 35' 12.2"</u> Longitude: <u>088° 28' 87.0"</u>
Mailing Address: <u>1608 B Browns Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mass Point, MS 39562</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>21</u> Twn <u>T5S</u> Rng <u>R5W</u>
Telephone No. <u>228 588-9005</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>North</u> of <u>Big Point</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 <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>12/9/09</u>	Setting Depth: <u>30 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>6.5</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/9/09</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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>18</u> GPM with a drawdown of
Test Pumping Rate: <u>6.5</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 Bidgdell 0-472 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer