

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 #: J-341
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: COAST WATER WELLSRV
Date drilling completed: 11-16-04

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: Jimmy Bird
Mailing Address: Dana Rd
Ocean Springs MS 39565
City State Zip Code
Telephone No. (228) 547-5964

Well Location

Latitude: 30° 28' 57.6" Longitude: 088° 52' 07.6"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, (Hand-held GPS) Survey-grade GPS
NE 1/4 SE 1/4 Sec 34 Twn 76 S Rng R9 W
Distance Direction Nearest Town
3 Miles NW of Ocean Springs

Well Data

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

Date well drilling started: 11-15-04 Date well drilling completed: 11-16-04

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

Static Water Level: 100' feet above or below (circle one) land surface Date measured: 11-16-04

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

Hole depth: 431 Well depth: 431 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 416 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 416 feet to 431 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 Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
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: _____

Well #: J-341

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells sv

Date completed: 11-16-04

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: Jimmy Bird

Mailing Address: Dana Rd.

Ocean Springs MS 39565
City State Zip Code

Telephone No. (228) 547-5964

Well Location

Latitude: 30°28'578" Longitude: 088°52'078"

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

USGS quad, Hand-held GPS Survey-grade GPS

NE ¼ SE ¼ Sec 34 Twn T6S Rng R9W

Distance Direction Nearest Town

3 Miles NW of Ocean Springs

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): 2 H.P.

Date Pump Installed: 11-17-04

Rated Pump Capacity: 9 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: 2 H.P.

Setting Depth: 120' drop pipe feet

Number of Stages: 3

Pump Test Data

Date Well Tested: 11-17-04

Static Water Level (A): 100' Feet Below Land Surface

Pumping Water Level (B): - Feet Below Land Surface

Drawdown [(B) - (A)]: - Feet Below Land Surface

Test Pumping Rate: 9 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 5 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: - feet

Well yielded 9 GPM with a drawdown of

- feet after - hours of pumping

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