

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-343 59
L. S. Elevation: _____
E-log #: _____

County: Jackson 059
Permit #: _____
Driller: Coast Water Well Service
Date drilling completed: 12-27-04

Coast Water Well Service, Inc.

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>Virgil Morris</u>	Latitude: <u>30° 28' 52" N</u> Longitude: <u>88° 45' 13" W</u>
Mailing Address: <u>Old Fort Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Vancleave Ms</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 35 Twn 76S Rng 8W</u>
Telephone No. <u>(228) 518-5138</u>	Distance Direction Nearest Town
	<u>5 Miles SW of Vancleave</u>
Well Data	
Purpose of Well (circle one) <u>(Home)</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>12-27</u> Date well drilling completed: <u>12-27-04</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>25</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>12-27-04</u>	
Method of Measurement (circle one) steel tape electric tape <u>(air line)</u> other: _____	
Hole depth: <u>68'</u> Well depth: <u>68'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>(Bentonite)</u> Mix	
Casing length: <u>58</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>58</u> feet to <u>68</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>(Natural Development)</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	
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.	
<u>Jack Ridgell 04/72</u>	<u>Jack Ridgell</u>
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

J-343

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Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange clay	2	30
White coarse sand	30	68

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: Virgil Morris

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Jack Riedell

 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 srv
 Date completed: 12-27-04

For Office Use Only:

Aquifer: _____
 Well #: J-343
 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>Virgil Morris</u>	Latitude: <u>30° 28' 875"</u> Longitude: <u>088° 45' 212"</u>
Mailing Address: <u>Old Fort Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vancleave, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 35 Twn T6S Rng R8W</u>
Telephone No. <u>(228) 518-5138</u>	Distance Direction Nearest Town
	<u>5 Miles SW of Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): <u>1 H.P.</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2-9-05</u>	Setting Depth: <u>40' drop pipe</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-9-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>25'</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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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.

David Moya
 Print Name of Pump Installer and License No. (if applicable)

RECEIVED
 Signature of Pump Installer

MAR 14 2005

BY: OLWR

RECEIVED

MAR 14 2005

BY: OLWR