

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 370
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well SRV.
Date drilling completed: 8-22-05

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>Joseph Goodyear</u>	Latitude: <u>30° 32' 31"</u> Longitude: <u>088° 48' 35"</u>
Mailing Address: <u>12001 Foxridge RD.</u>	Method of Lat/Long (circle one): <u>18</u> Conventional Survey,
<u>Vanceleave, MS 39565</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8 Twn T6 S Rng R8 W</u>
Telephone No. <u>228</u>	Distance Direction Nearest Town <u>7</u> Miles <u>West</u> of <u>Vanceleave</u>

Well Data

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

Date well drilling started: 8-23-05 Date well drilling completed: 8-24-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 8-24-05

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

Hole depth: 342' Well depth: 342' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 332 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 332 feet to 342 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

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BY: OLWR

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 SRV
 Date completed: 8-24-05

For Office Use Only:

Aquifer: _____
 Well #: J-370
 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>Joseph Goodyear</u>	Latitude: <u>30° 32' 31" / 18</u> Longitude: <u>088° 48' 58" / 35</u>
Mailing Address: <u>12001 Foxridge RD</u> <u>LOT P-13</u> <u>Vancleave MS 39565</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 8 Twn T6S Rng E8W</u>
Telephone No. (____) _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>7</u> Miles <u>west</u> of <u>Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input checked="" type="radio"/> Jet	Diesel Engine
Submersible	Gasoline Engine
Bucket: <input type="radio"/> Piston	Natural Gas
Turbine	<input checked="" type="radio"/> Electric Motor
Centrifugal: <input type="radio"/> Rotary	Hand
Flowing Well	Tractor PTO
Other (specify): _____	Windmill
Date Pump Installed: <u>1-13-06</u>	Other (specify): _____
Rated Pump Capacity: <u>5.5</u> Gallons Per Minute	Horse Power Rating of Motor: <u>1 HP Gould</u>
	Setting Depth: <u>100 FT. Drop pipe</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-13-06</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>95</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Steel Tape
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>5.5</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>5.5</u> GPM with a drawdown of
	<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 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 26 2006
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