

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-395
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 1-10-06

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>Joe Winters</u>	Latitude: <u>30° 31' 916"</u> Longitude: <u>88° 49' 412"</u>
Mailing Address: <u>Spencer Wilson RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>58</u> <u>24</u>
<u>Vanceleave Ms 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 18 Twp 6 S Rng R 8 W</u>
Telephone No. <u>228 627-8268</u>	Distance Direction Nearest Town
	<u>8</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: 1-10-06 Date well drilling completed: 1-10-06

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 1-10-06

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

Hole depth: 185' Well depth: 185' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 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 175 feet to 185 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

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JAN 26 2006

BY: OLWR

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 Wells SAV.
 Date completed: 1-10-06

For Office Use Only:

Aquifer: _____
 Well #: J 395
 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>Donny Richardson</u> Mailing Address: <u>12804 Spencer Wilson Rd.</u> <u>Vancleave Ms 39565</u> City State Zip Code Telephone No. <u>(228) 374-3070</u>	Latitude: <u>30° 31' 9.66"</u> Longitude: <u>088° 49' 41.2"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW ¼ NE ¼ Sec 18 Twn 166 Rng R8W</u> Distance Direction Nearest Town <u>8 Miles WEST of Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5-9-06</u> Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2 HP</u> Setting Depth: <u>40FT. Drop pipe</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-9-06</u> Static Water Level (A): <u>25</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>8.5</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>8.5</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.

Ben Ridgell 0-713P Ben Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 07 2006
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