

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-432
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 8-22-06

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>Kevin Weaver</u>	Latitude: <u>30° 32' 48.9"</u> Longitude: <u>088° 51' 57.3"</u>
Mailing Address: <u>Joe Batt Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Ocean Springs, MS 39565</u>	USGS quad: <u>SW 1/4 NW 1/4 Sec 11 Twn 76S Rng R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 297-8403</u>	<u>10 1/2</u> Miles <u>WEST</u> of <u>Vandeventer</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-21-06 Date well drilling completed: 8-22-06
If flowing, method of flow regulation: Valve NIA Other (describe) _____
Static Water Level: 23 feet above or below (circle one) land surface Date measured: 8-22-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 90' Well depth: 90' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 80 feet to 90 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: _____ 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): NIA

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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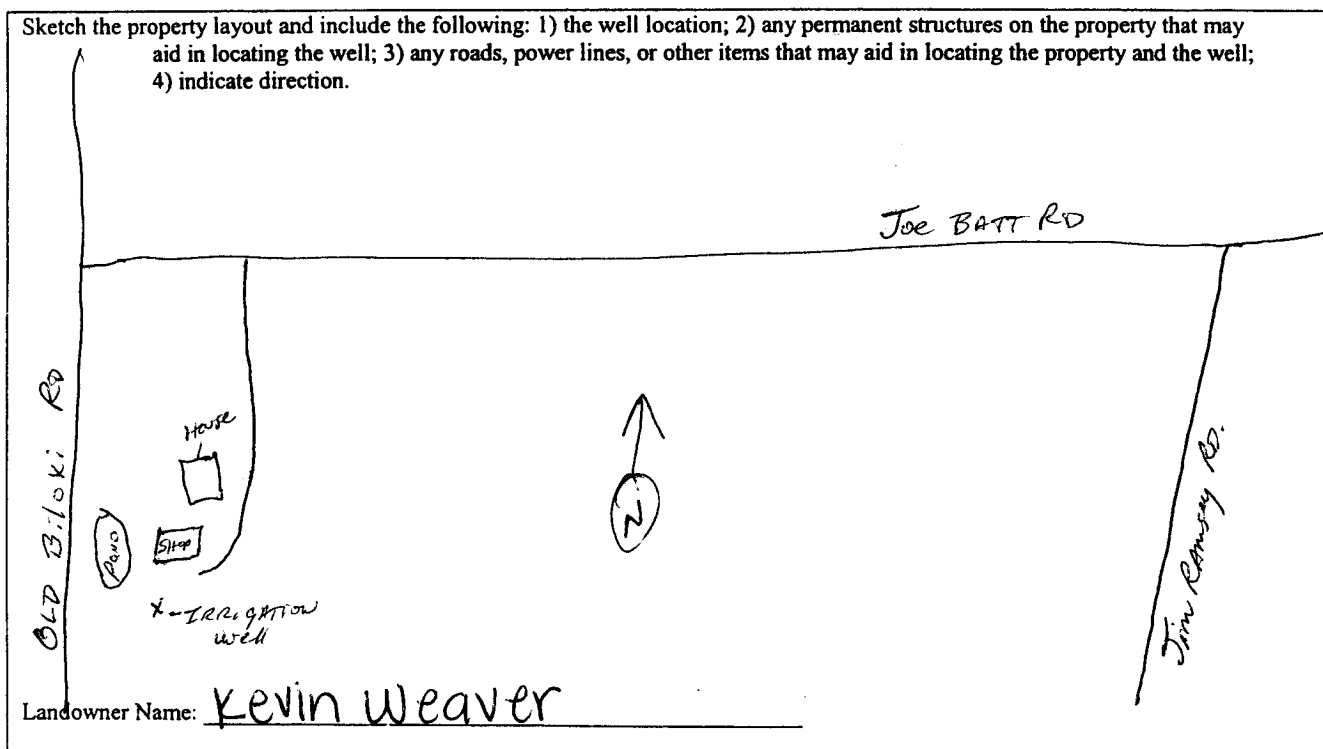
If well telescopes please sketch below and show depths.

Ground Level

[illegible]

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.



Signature of Water Well Contractor

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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-432

Elevation:

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date completed: _____

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: Kevin Weaver
Mailing Address: Joe Batt Rd.
Ocean Springs, MS 39565
City State Zip Code
Telephone No. 228 297-8403

Well Location

Latitude: 30°32'48.9" Longitude: 088°51'9.57"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 NW 1/4 Sec 11 Twn T65 Rng R9W
Distance Direction Nearest Town
10 1/2 Miles West of Vancleave

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 8-24-06
Rated Pump Capacity: 20 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: 1 HP
Setting Depth: 70 ft. drop pipe feet
Number of Stages: 10

Pump Test Data

Date Well Tested: 8-24-06
Static Water Level (A): 23 Feet Below Land Surface
Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface
Test Pumping Rate: 23 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: N/A feet
Well yielded 23 GPM with a drawdown of
N/A feet after N/A hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John Elkins 0-716P
Print Name of Pump Installer and License No. (if applicable)

John Elkins
Signature of Pump Installer

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SEP 25 2006

BY: OLWR