

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-438
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well
Date drilling completed: 9-27-06

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

Owner Name: Tom Capley
Mailing Address: 8024 Morning Glory Rd
Vandave, MS 39565
City State Zip Code
Telephone No. (228) 238-2587

Well Location

Latitude: 30° 31' 34" Longitude: 88° 44' 34"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS
USGS quad: SE 1/4 SW 1/4 Sec 12 Twn T6S Rng R8W
Distance 3.7 Miles Direction W of Nearest Town Vandave

Well Data

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

Date well drilling started: 9-26-06 Date well drilling completed: 9-27-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 9-27-06

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

Hole depth: 283' Well depth: 283' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 273 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 273 feet to 283 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): 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 Ridgden D-472
Print Name of Water Well Contractor and License No.

Jack Ridgden
Signature of Water Well Contractor

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BY: OLWR

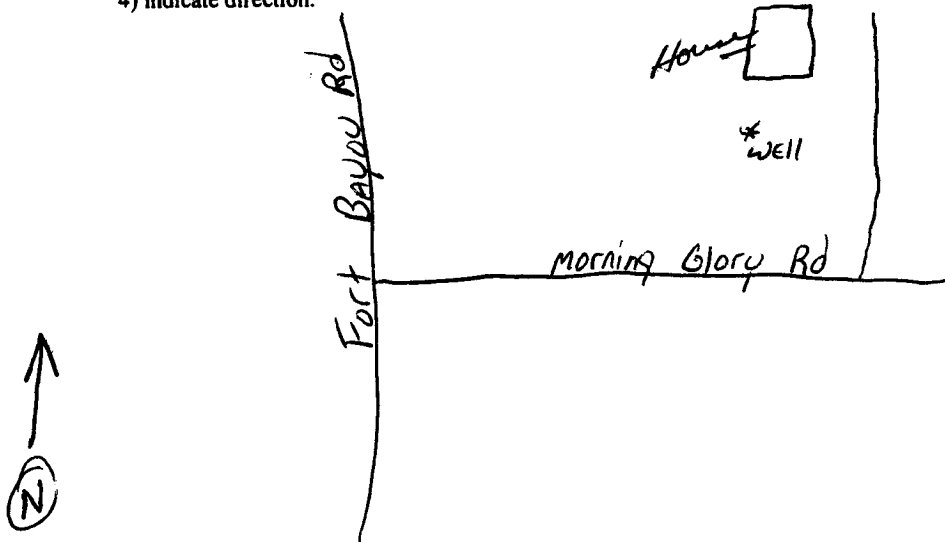
If well telescopes please sketch below and show depths.

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.



Landowner Name: Tom Capley


Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer:

Well #:

Elevation:

County: Jackson
Permit #: _____
Driller: Coast Water Well Sav.
Date completed: 9-27-04

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: Tom Capley
Mailing Address: 8024 Morning Glory Rd.
Vanceleave, MS 39565
City State Zip Code
Telephone No. (228) 238-2587

Well Location

Latitude: 30° 31' 934" Longitude: 088° 44' 572"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 12 Twn T6S Rng R8W
Distance Direction Nearest Town
3 1/4 Miles W of VANCELEAVE

Pump Type

Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify): _____
Date Pump Installed: 9-28-04
Rated Pump Capacity: 8 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 HP
Setting Depth: 100ft. drop pipe feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 9-28-04
Static Water Level (A): 80 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: 8 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 8 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.

Jack Ridgell 0-472
Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
Signature of Pump Installer

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OCT 20 2006

BY: OLWB