

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-449
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: CoastWaterWellsRV.
 Date drilling completed: 1-5-07

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>Stephen Rogers</u> | Latitude: <u>30° 32' 51.1"</u> Longitude: <u>088° 44' 46.9"</u> |
| Mailing Address: <u>13619 Havens Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> |
| <u>Vancleave Ms 39565</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 12 Twn T6S Rng R8W</u> |
| Telephone No. <u>228-348-6204</u> | Distance <u>3</u> Miles Direction <u>WEST</u> of Nearest Town <u>Vancleave</u> |

Well Data

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

Date well drilling started: 1-5-07 Date well drilling completed: 1-5-07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 1-5-07

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

Hole depth: 120FT. Well depth: 120FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110FT 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 110 feet to 120 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 Ridgdell 0-472
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 BY [Signature]

J-449

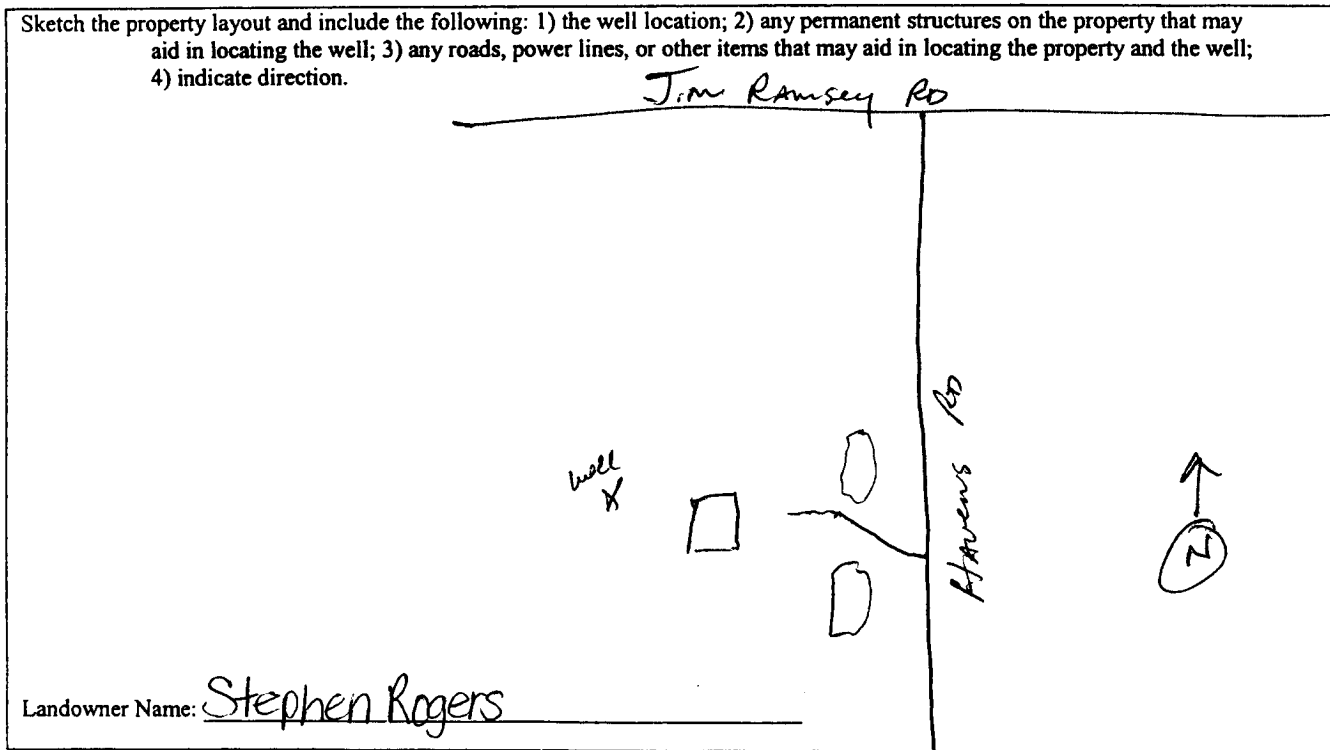
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 2 |
| Orange clay | 2 | 28 |
| Brown coarse Sand | 28 | 120 |
| Orange & White Clay | 120 | 100 |
| Brown Medium TO Coarse Sand | 100 | 120 |
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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: Stephen Rogers

Jack Redfern
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-449

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coastwater Wellserv.
 Date completed: 1-5-07

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>Stephen Rogers</u> | Latitude: <u>30°32'51"</u> Longitude: <u>088°44'46"</u> <u>30</u> <u>28</u> |
| Mailing Address: <u>13619 Havens 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>N6</u> ¼ <u>NW</u> ¼ Sec <u>12</u> Twn <u>T6S</u> Rng <u>R8W</u> |
| Telephone No. <u>228, 348-6204</u> | Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Vancleave</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine 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 Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1HP</u> |
| Date Pump Installed: <u>1-6-07</u> | Setting Depth: <u>60FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>8.5</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>1-6-07</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>30</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>8.5</u> GPM with a drawdown of |
| Test Pumping Rate: <u>8.5</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.

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

[Signature]
 Signature of Pump Installer

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 JAN 11 2007
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