

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: J549
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 3-25-11

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>Reynolds, Inc.</u>	Latitude: <u>30° 28' 33.72"</u> Longitude: <u>088° 45' 27.8"</u>
Mailing Address: <u>300 Broad Street</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>34</u>
<u>Fairburn, GA 30213</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 35 Twn T6 S Rng R8 W</u>
Telephone No. <u>(678) 618-5249</u>	NE Distance <u>5.14</u> Miles Direction <u>SW</u> of Nearest Town <u>VAN CENDE</u>

Well Data	
Purpose of Well (circle one) Home <u>Industrial</u> Public Supply Irrigation Fish Culture Other: <u>Equipment WASH DOWN</u>	
Date well drilling started: <u>3-24-11</u>	Date well drilling completed: <u>3-25-11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>3-25-11</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>75 FT.</u> Well depth: <u>75 FT.</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>65</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.008</u> inches	Setting depth: From <u>65</u> feet to <u>75</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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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APR 13 2011

J549

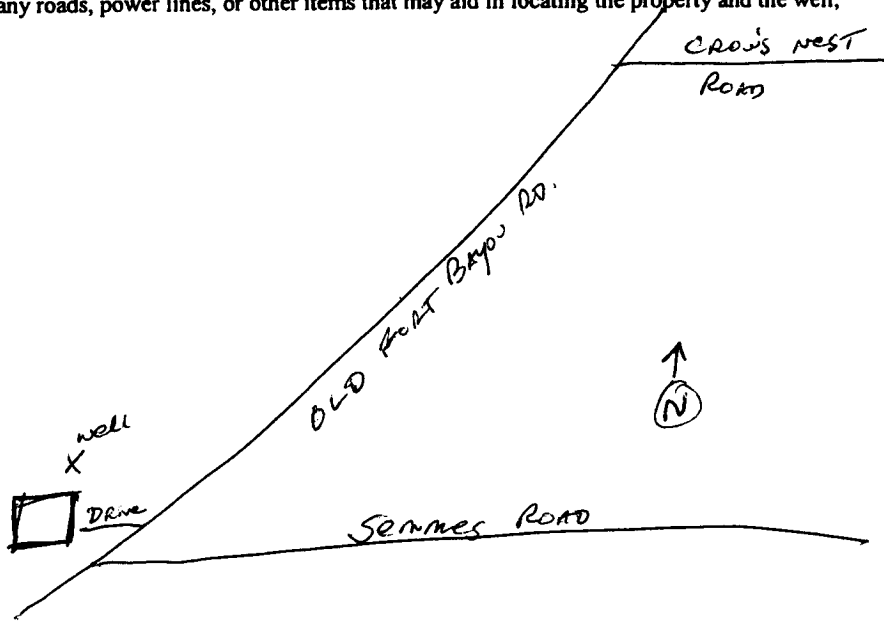
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	1
Orange Clay	1	59
Gravel coarse Sand	59	75

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: Reynolds, Inc.

Jack Hillman
 Signature of Water Well Contractor

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 BY: OLWF

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: J549
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 3-25-11

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: Reynolds, Inc.
 Mailing Address: 300 Broad Street
Fairburn, GA 30213
City State Zip Code
 Telephone No. (678) 618-5249

Well Location

Latitude: 30° 28' 33.72" Longitude: 088° 45' 27.18"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE SE SW SW 1/4 Sec. 35 Twn T6S Rng R8W
 Distance Direction Nearest Town
5 1/4 Miles SW of Vancleave

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-11-11
 Rated Pump Capacity: 10 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: 60 FT. Drop Pipe feet
 Number of Stages: 10

Pump Test Data

Date Well Tested: 4-11-11
 Static Water Level (A): 20 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: 12 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 25 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 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer