

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 #: J570
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Cons Water Wells, Inc.
Date drilling completed: 11/8/11

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>Tan Woodworth</u> | Latitude: <u>30.33.15.48</u> Longitude: <u>088.46.31.68</u> |
| Mailing Address: <u>14594 Ramsey Lake Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| <u>Vandeventer, MS 39565</u> City State Zip Code | <u>SE 1/4 NW 1/4 Sec 3</u> Twn <u>T6S</u> Rng <u>R9W</u> |
| Telephone No.: <u>(228) 327-1302</u> | Distance Direction Nearest Town <u>5</u> Miles <u>WNW</u> of <u>Vandeventer</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11/8/11 Date well drilling completed: 11/8/11
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: 11/8/11
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 147 FT. Well depth: 147 FT. Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 137 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 137 feet to 147 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.

[Signature]
Signature of Water Well Contractor

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 #: J570
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv.
 Date completed: 11/8/11

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 | Well Location |
|---|---|
| Owner Name: <u>Ian Woodworth</u> | Latitude: <u>30°33'15.48"</u> Longitude: <u>088°46'31.68"</u> |
| Mailing Address: <u>14594 Ramsey Oaks Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Vandave, Ms 39565</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 3 Twn T6S Rng R8W</u> |
| Telephone No: <u>28327-1302</u> | Distance Direction Nearest Town |
| | <u>5 Miles WNW of Vandave</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>11/8/11</u> | Setting Depth: <u>40FT. Drop Pipe</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>11/8/11</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>25</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>22</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</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 Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
 Signature of Pump Installer