

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 #: K-428 059
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastwater Well Serv.
Date drilling completed: 8-23-04

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>Ottis Matthews</u> | Latitude: <u>30° 29' 56.9"</u> Longitude: <u>088° 38' 57.2"</u> |
| Mailing Address: <u>10220 Bass BR</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Vanceave, MS 39565</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>N/4 SW 1/4 Sec 25 Twn 16 S Rng R7 W</u> |
| Telephone No. <u>(228) 826-5975</u> | Distance Direction Nearest Town |
| | <u>4 Miles SE of Vanceave</u> |

Well Data

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

Date well drilling started: 8-23-04 Date well drilling completed: 8-23-04

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 8-23-04

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

Hole depth: 140' Well depth: 140' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC SHT 80 SAND

Screen slot size: .006 inches Setting depth: From 130 feet to 140 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

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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.

Jack Ridgdell
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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 1K-428

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Sew.
 Date completed: 8-24-04

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 | Well Location |
|---------------------------------------|---|
| Owner Name: <u>Ottis Matthews</u> | Latitude: <u>30° 29.569</u> Longitude: <u>088° 38.572</u> |
| Mailing Address: <u>10320 Bass DR</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Vanclave MS 39565</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>N6 1/4 SW 1/4 Sec 25 Twn 76 S Rng R7 W</u> |
| Telephone No. <u>(228) 826-5975</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>SE</u> of <u>Vanclave</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): <u>1/2 H.P.</u> | Horse Power Rating of Motor: <u>1/2 H.P.</u> |
| Date Pump Installed: <u>8-24-04</u> | Setting Depth: <u>40' Droppipe</u> feet |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute | Number of Stages: <u>1</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>8-24-04</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>15'</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>7</u> GPM with a drawdown of |
| Test Pumping Rate: <u>7</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>—</u> hours | |

BY: OLWR

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

David Moyer / Jack Rogge
 Print Name of Pump Installer and License No. (if applicable)

Jack Rogge
 Signature of Pump Installer