

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-441
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Srvc
Date drilling completed: 11-19-04

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

Owner Name: Wayne Martin
Mailing Address: 5340 Belle Valle Drive
Vancleave MS 39565
City State Zip Code
Telephone No. (228) 826-2432

Well Location

Latitude: 30° 29' 00" Longitude: 088° 41' 53"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
SE 1/4 NE 1/4 Sec 32 Twn 76S Rng 97W
Distance Direction Nearest Town
3 Miles South of Vancleave

Well Data

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

Date well drilling started: 11-19-04 Date well drilling completed: 11-19-04

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 11-19-04

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

Hole depth: 397' Well depth: 397' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 387 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 387 feet to 397 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: NA 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.

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)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-1441 59

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells Serv

Date completed: 11-19-04

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: Wayne Martin

Mailing Address: 5340 Belle Valle Drive

Vanceleave MS 39565
City State Zip Code

Telephone No. (228) 826-2432

Well Location

Latitude: 30° 29' 007" Longitude: 088° 41' 891"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SF ¼ NE ¼ Sec 32 Twn T6S Rng R7W

Distance Direction Nearest Town

3 Miles South of Vanceleave

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): 2 HP

Date Pump Installed: 12-13-04

Rated Pump Capacity: 9 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: 120 FT. Drupp pipe feet

Number of Stages: 3

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BY: OLWF

Pump Test Data

Date Well Tested: 12-13-04

Static Water Level (A): 85 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: 9 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 6 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 9 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.

David Moyer 0714P
Print Name of Pump Installer and License No. (if applicable)

David Moyer
Signature of Pump Installer