

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-470
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 8-5-05

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: John Clayton
Mailing Address: 11421 Paige Bayou Rd.
Vanceleave, MS 39565
City State Zip Code
Telephone No. (228) 380-9260

Well Location

Latitude: 30° 30' 56.9" Longitude: 88° 40' 16.6"
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
USGS quad, Hand-held GPS Survey-grade GPS
NW 1/4 SE 1/4 Sec 22 Twn 76S Rng R7W
Distance 1 1/2 Miles Direction SE of Nearest Town Vanceleave

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-5-05 Date well drilling completed: 8-5-05
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: 8-5-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 117 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 117 feet to 127 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.

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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv
 Date completed: 8-5-05

For Office Use Only:

Aquifer: _____
 Well #: K-470
 Elevation: _____

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>John Claxton</u>	Latitude: <u>30° 30' 56.9"</u> Longitude: <u>088° 40' 16.6"</u>
Mailing Address: <u>11421 Paige Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Vancleave Ms 39565</u> City State Zip Code	<u>NW 1/4 S6 1/4 Sec 22 Twn T6S Rng R7W</u>
Telephone No. <u>(601) 380-9260</u>	Distance Direction Nearest Town <u>1 1/2 Miles SE of 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	<u>Electric Motor</u> <input checked="" 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>1 H.P.</u>
Date Pump Installed: <u>8-12-05</u>	Setting Depth: <u>40FT. Droppipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-12-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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>5</u> hours	

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

Ben Ridgdell 0-713P Ben Ridgdell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer