

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-475
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 9-30-05

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	Well Location
Owner Name: <u>Donna Davis</u>	Latitude: <u>30° 29' 52"</u> Longitude: <u>088° 44' 44"</u>
Mailing Address: <u>8119 Stonehaven Dr</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Vanceleave MS 39565</u>	USGS quad, <u>SW 1/4 NW 1/4 Sec 25</u> Twn <u>T6S</u> Rng <u>R7W</u>
City State Zip Code	
Telephone No. <u>(228) 826-0388</u>	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Vanceleave</u>

Well Data

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

Date well drilling started: 9-30-05 Date well drilling completed: 9-30-05

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: 9-30-05

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

Hole depth: 190' Well depth: 190' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 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 180 feet to 190 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

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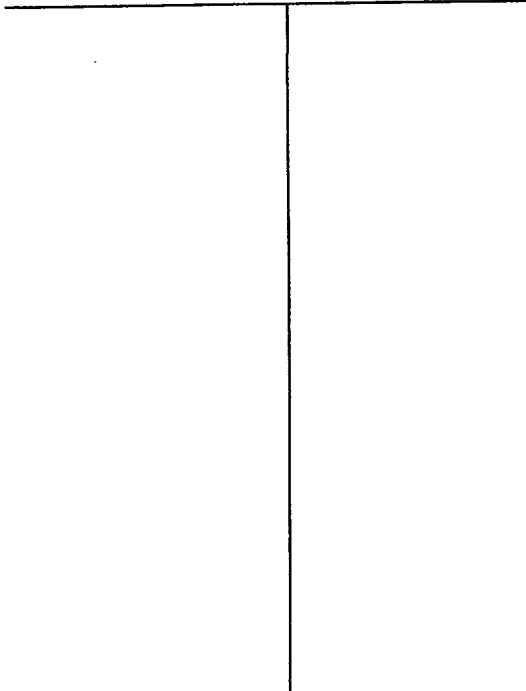
OCT 24 2005

BY: OLWR

K-475

If well telescopes please sketch below and show depths.

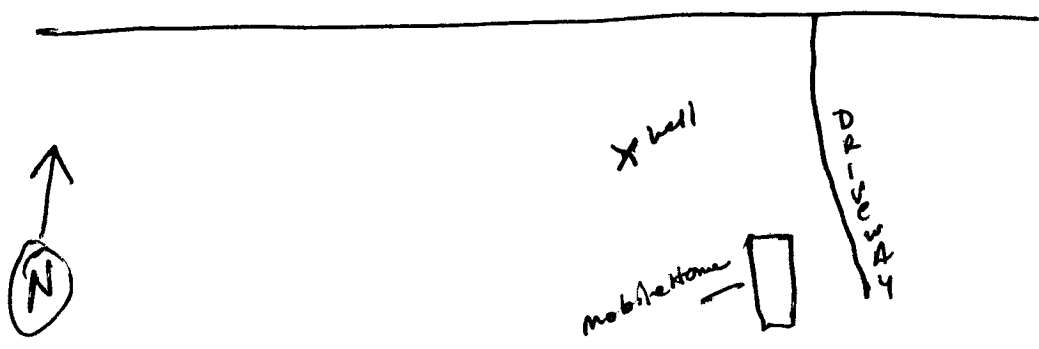
Ground Level



Description of Formations Encountered	From	To
Topsoil	0	2
Orange clay	2	31
Brown coarse sand	31	74
Blue clay	74	125
Gray medium sand	125	190

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: Donna Davis

Josh Rubydell
Signature of Water Well Contractor

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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 Wells, Inc.
 Date completed: 9-30-05

For Office Use Only:

Aquifer: _____
 Well #: K-475
 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>Donna Davis</u>	Latitude: <u>30°29'877"</u> Longitude: <u>088°44'740"</u>
Mailing Address: <u>9119 Stonehaven</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Vanceleave MS 39565</u>	<u>SW 1/4 NW 1/4 Sec 25 Twn T6S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 826-0322</u>	<u>4</u> Miles <u>SW</u> of <u>Vanceleave</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> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP Goulds</u>
Date Pump Installed: <u>10-1-05</u>	Setting Depth: <u>40FT Droppipe</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-1-05</u>	<u>Air Line</u> Electric Measuring Line 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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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.

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

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 BY: OLWR