

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-485
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv
Date drilling completed: 12-30-05

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>Penny Wood</u> | Latitude: <u>30° 31' 210"</u> Longitude: <u>088° 39' 197"</u> |
| Mailing Address: <u>Joey LN</u> | Method of Lat/Long (circle one): Conventional Survey, <u>12</u> |
| <u>Vancleave, Ms 39565</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 14</u> Twn <u>765</u> Rng <u>R7W</u> |
| Telephone No. <u>228 282-4765</u> | Distance Direction Nearest Town <u>2</u> Miles <u>EAST</u> of <u>Vancleave</u> |

Well Data

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

Date well drilling started: 12-30-05 Date well drilling completed: 12-30-05

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 12-30-05

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: 0.6 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

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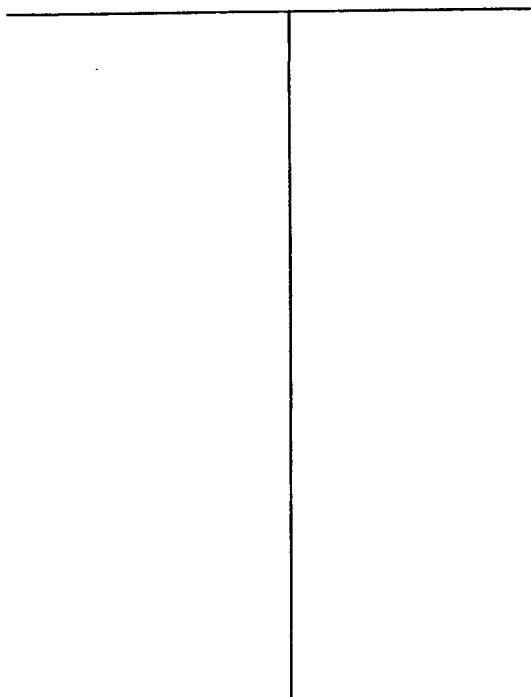
JAN 19 2006

BY: OLWR

K-485

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 2 |
| Orange Clay | 2 | 10 |
| Brown Coarse Sand | 10 | 22 |
| Orange Clay | 22 | 80 |
| Brown Coarse Sand | 80 | 137 |
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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: Penny Wood

Jack Ridgfield
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 Well Serv
 Date completed: 12-30-05

For Office Use Only:

Aquifer: _____
 Well #: K-485
 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>Penny Wood</u> | Latitude: <u>30° 31' 210</u> Longitude: <u>088° 39' 197"</u> |
| Mailing Address: <u>Joey LN</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Vanderveave MS 39565</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 14 Twn 76S Rng R7W</u> |
| Telephone No. <u>(228) 282-4765</u> | Distance Direction Nearest Town |
| | <u>2 1/4</u> Miles <u>East</u> of <u>Vanderveave</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</u> |
| Date Pump Installed: <u>1-25-06</u> | Setting Depth: <u>60 Ft Drop Pipe</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>1-25-06</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>35</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

Jack Riddell 0-472 Jack Riddell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 22 2006

BY: OLWR