

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. 536

L. S. Elevation: _____

E-log #: _____

County: JACKSON

Permit #: _____

Driller: Coast Water Well Serv.

Date drilling completed: 12-5-06

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: Legacy Homes

Mailing Address: Gold Rush St.

Vancleave, MS 39565
City State Zip Code

Telephone No. (228) 497-4338

Well Location

Latitude: 30° 35' 58.7" Longitude: 88° 38' 25.9"

Method of Lat/Long (circle one): Hand-held GPS Conventional Survey

USGS quad, Hand-held GPS Survey-grade GPS

NE 1/4 NW 1/4 Sec 13 Twn T6S Rng R7W

Distance 3 Miles Direction EAST of Nearest Town Vancleave

Well Data

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

Date well drilling started: 12-5-06 Date well drilling completed: 12-5-06

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: 12-5-06

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

Hole depth: 135' Well depth: 135' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 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 125 feet to 135 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: _____ 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 Bidgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Bidgdell
Signature of Water Well Contractor

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JAN 08 2007

BY: OLWR

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 #: 1K-536

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coastwater Well sv.
 Date completed: 12-5-06

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>Legacy Homes</u>	Latitude: <u>30°35'587"</u> Longitude: <u>088°38'259"</u>
Mailing Address: <u>Gold Rush St.</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>NE 1/4 NW 1/4 Sec 13 Twn 16S Rng R7W</u>
Telephone No. <u>(228) 497-4338</u>	Distance Direction Nearest Town
	<u>3 Miles East of 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	<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): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>12-26-06</u>	Setting Depth: <u>40 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>12-26-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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 1/2</u> hours	

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

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

Ben Ridgell
 Signature of Pump Installer

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