

Jackson

State Well Report Part 1

For Office Use Only:

County: HARRISON
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date drilling completed: 12-14-06

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)

Aquifer: _____
 Well #: K-542
 L. S. Elevation: _____
 E-log #: _____

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>Bell South</u>	Latitude: <u>30° 32' 30"</u> Longitude: <u>088° 41' 25"</u>
Mailing Address: <u>10521 Bay Tree Dr.</u>	Method of Lat/Long (circle one): <u>19</u> Conventional Survey, <u>13</u>
<u>Gulfport, MS 39503</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 76 S Rng R 7W</u>
Telephone No. <u>(228) 324-6315</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>North of</u> <u>Vandeventer</u>

Well Data

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

Date well drilling started: 12-14-06 Date well drilling completed: 12-14-06

If flowing, method of flow regulation: Valve NIA Other (describe) _____

Static Water Level: 100 feet above of below (circle one) land surface Date measured: 12-14-06

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

Hole depth: 229' Well depth: 229' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 219 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 219 feet to 229 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): NIA

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.

[Signature]
 Signature of Water Well Contractor

RECEIVED
 JAN 23 2007
 BY: OLWF

Jackson

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-542

Elevation: _____

County: Harrison

Permit #: _____

Driller: Coast Water Well Serv.

Date completed: 12-14-06

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

Owner Name: Bell South

Mailing Address: 10521 Bay Tree Dr.

Gulfport, MS 39503
City State Zip Code

Telephone No. (228) 324-6315

Well Location

Latitude: 30°32'32.0" Longitude: 088°41'22.5"

Method of Lat/Long (circle one): 19 Conventional Survey, 13

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

SW 1/4 NE 1/4 Sec 9 Twn T6S Rng R7W

Distance Direction Nearest Town

1/2 Miles NORTH Vandevote

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-15-06

Rated Pump Capacity: 7.5 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: 1HP

Setting Depth: 80 Ft. drop pipe feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 12-15-06

Static Water Level (A): 600 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: 7.5 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 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 7.5 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.

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

Ben Ridgwell
Signature of Pump Installer

RECEIVED

IAN 23 2007

BY: OLWF