

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-601
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 2-27-08

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>Hunter Henley</u> | Latitude: <u>30° 30' 98.59"</u> Longitude: <u>088° 43' 23.50"</u> |
| Mailing Address: <u>Humphrey Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Vancleave, MS 39565</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW</u> 1/4 NW 1/4 Sec 19 Twn 76 S Rng R9 W |
| Telephone No. <u>(601) 540-3892</u> | NW Distance: <u>2 1/2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Vancleave</u> |

Well Data

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

Date well drilling started: 2-27-08 Date well drilling completed: 2-27-08

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: 2-27-08

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

Hole depth: 135 FT Well depth: 135 FT 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: 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. Signature of Water Well Contractor

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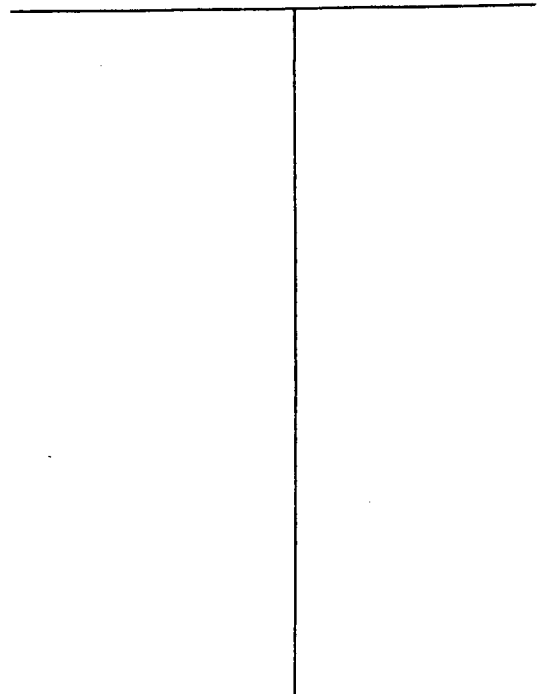
MAR 24 2008

BY: OLWR

K-601

If well telescopes please sketch below and show depths.

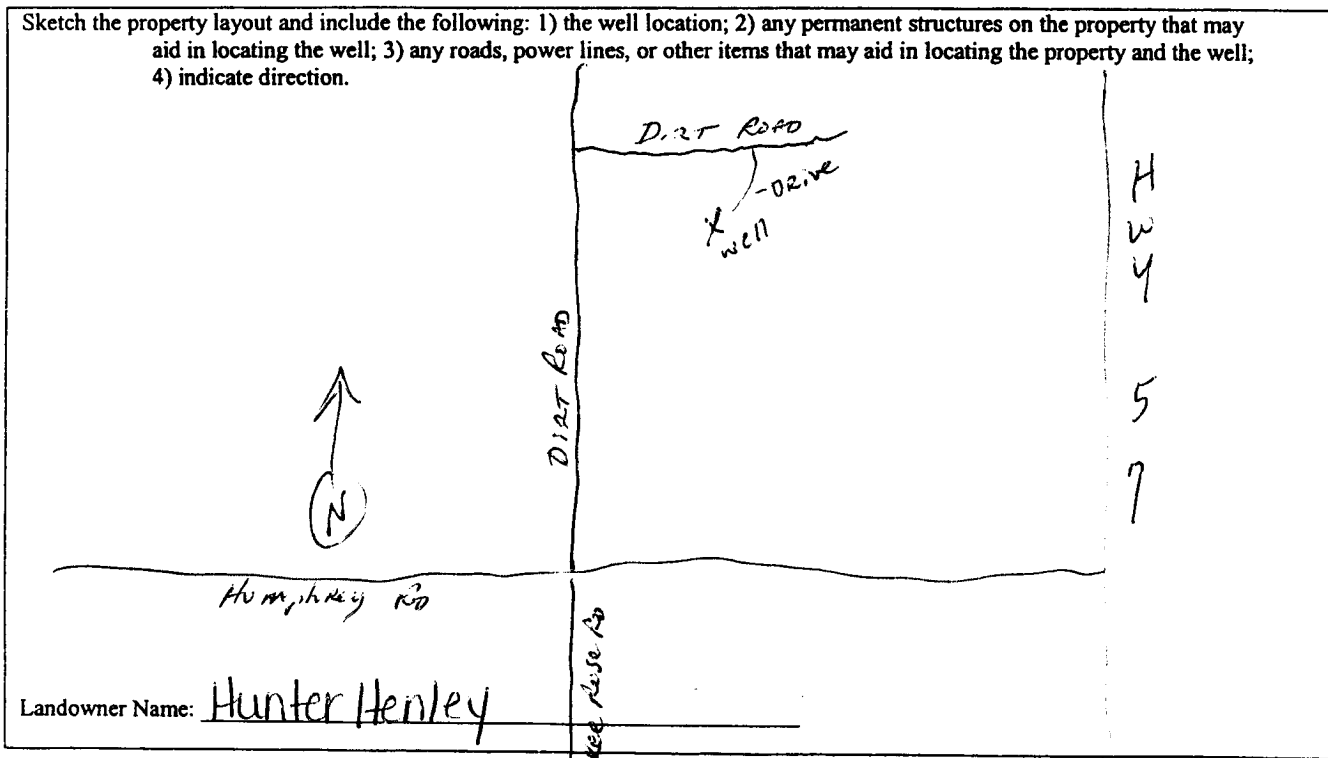
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 2 |
| Orange Clay | 2 | 18 |
| Brown Coarse Sand | 18 | 70 |
| Orange + Blue Clay | 70 | 100 |
| Brown Medium + Coarse Sand | 100 | 135 |
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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.



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 SRV.
 Date completed: 2-27-08

For Office Use Only:

Aquifer: _____
 Well #: K-601
 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>Hunter Henley</u> | Latitude: <u>30° 30' 987"</u> Longitude: <u>088° 43' 833"</u> |
| Mailing Address: <u>Humphrey Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS |
| <u>Vandleave, MS 39565</u> | <u>SW 1/4 NW 1/4 Sec 19 Twn T6S Rng R7W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 540-3892</u> | <u>2 1/2 Miles West of Vandleave</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>4-4-08</u> | Setting Depth: <u>60 FT. 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>4-4-08</u> | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| 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>15</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 | |

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APR 10 2008

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

John Elkins 0-716P John Elkins

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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