

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: K674
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SRV
Date drilling completed: 7/26/11

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>Dennis Breland</u> | Latitude: <u>30.30.31.80</u> Longitude: <u>88.433.60</u> |
| Mailing Address: <u>6600 Wooded Acres RD.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Vancleave, MS 39565</u> | <u>NW 1/4 Sec 19</u> Twn <u>T6 S</u> Rng <u>R7 W</u> |
| City State Zip Code | NE Distance Direction Nearest Town |
| Telephone No. <u>688 826-0712</u> | <u>2</u> Miles <u>SW</u> of <u>Vancleave</u> |

Well Data

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

Date well drilling started: 7/26/11 Date well drilling completed: 7/26/11

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

Static Water Level: 40 feet above below (circle one) land surface Date measured: 7/26/11

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

Hole depth: 150 FT Well depth: 150 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 135 feet to 150 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

K674

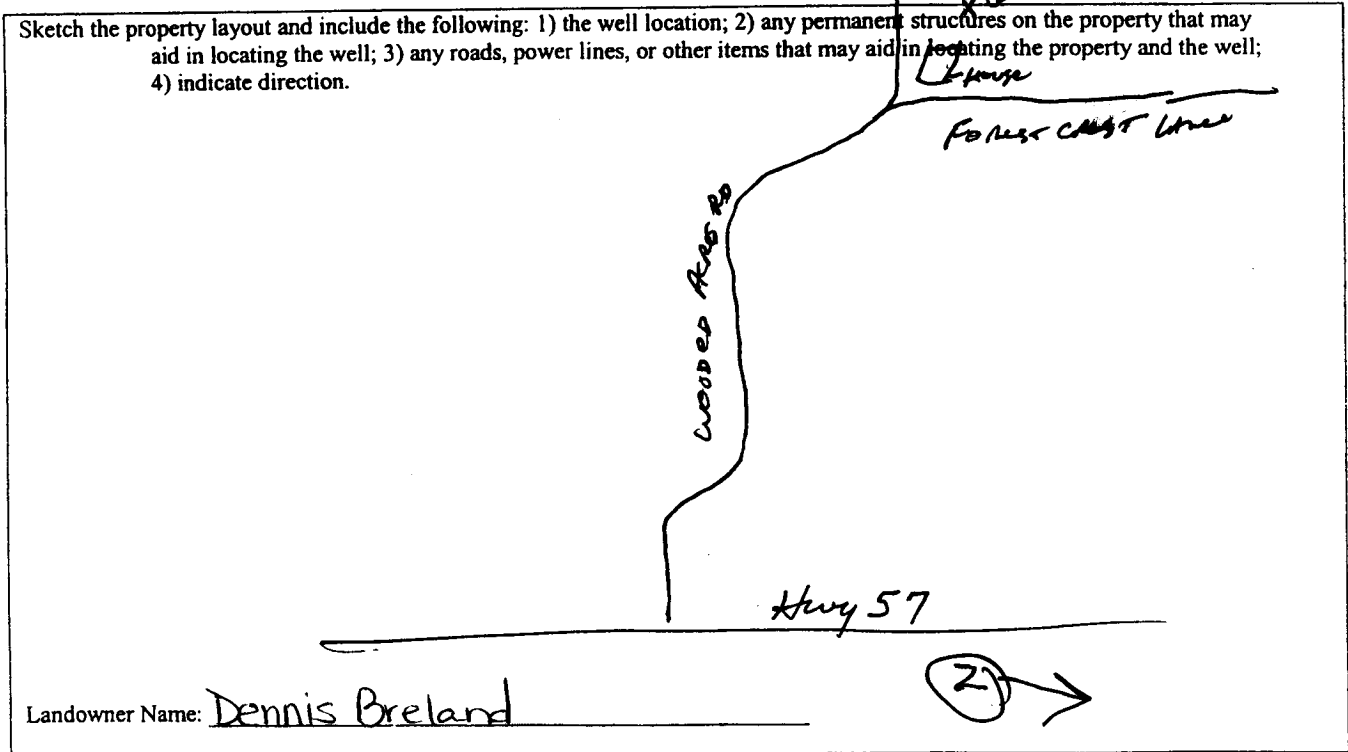
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 2 |
| Orange Clay | 2 | 50 |
| Brown coarse sand | 50 | 90 |
| Orange and white clay | 90 | 105 |
| Brown coarse sand | 105 | 150 |
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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: Dennis Breland

James Rylander
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)

For Office Use Only:

Aquifer: _____
 Well #: 15674
 Elevation: _____

County: Jackson
 Permit #: _____
 Drilled: Coast Waterwell Serv
 Date completed: 7/26/11

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>Dennis Breland</u> Mailing Address: <u>6600 Wooded Acres Rd.</u> <u>Vancleave, MS 39565</u> <small>City State Zip Code</small> Telephone No. <u>228 826-0712</u> | Latitude: <u>30° 30' 31.80"</u> Longitude: <u>088° 43' 3.60"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW</u> ¼ <u>SE</u> ¼ Sec <u>19</u> Twn <u>T6S</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Vancleave</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>7/26/11</u> Rated Pump Capacity: <u>11</u> Gallons Per Minute | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1HP</u> Setting Depth: <u>50 FT. Drop Pipe</u> feet Number of Stages: <u>20</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>7/26/11</u> Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>11</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>22</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping |

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

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

RECEIVED
 AUG 26 2011
 BY: OLWR