

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-709
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 2-21-13

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>George Howard</u>	Latitude: <u>30.30.5832</u> Longitude: <u>089.39.924</u>
Mailing Address: <u>Joey Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vanceave, Ms 39565</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>Sp 1/4 SE 1/4 Sec 14 Twn T65 Rng R7W</u>
Telephone No. <u>228 217-0600</u>	Distance Direction Nearest Town
	<u>2 Miles EAST of Vanceave</u>

Well Data

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

Date well drilling started: 2-21-13 Date well drilling completed: 2-21-13

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

Static Water Level: 30 feet above (or below) (circle one) land surface Date measured: 2-21-13

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

Hole depth: 140 FT Well depth: 140 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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 130 feet to 140 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

K709

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange Clay	2	15
Brown Coarse Sand	15	40
Orange + white Clay	40	90
Brown Coarse Sand	90	140

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: George Havard

John R. Rydman

 Signature of Water Well Contractor

Mobile Home X well

RECEIVED
 MAR 13 2013

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: 2-21-13

For Office Use Only:

Aquifer: _____
 Well #: K709
 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>George Harvard</u>	Latitude: <u>30° 30' 58.32"</u> Longitude: <u>88° 39' 9.24"</u>
Mailing Address: <u>Joey Lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
<u>Vancleave, MS 39565</u> City State Zip Code	USGS quad, <u>SW 1/4 SE 1/4 Sec 14 Twn T6S Rng R7W</u>
Telephone No. <u>(601) 217-0600</u>	Distance: <u>2</u> Miles <u>East</u> of <u>Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input checked="" type="radio"/> Jet	Diesel Engine
Submersible	Gasoline Engine
Bucket: <input type="radio"/> Piston	Natural Gas
Turbine	<input checked="" type="radio"/> Electric Motor
Centrifugal: <input type="radio"/> Rotary	Hand
Flowing Well	Tractor PTO
Other (specify): _____	Windmill
Date Pump Installed: <u>3/8/13</u>	Other (specify): _____
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Horse Power Rating of Motor: <u>1 HP</u>
	Setting Depth: <u>40 FT. Drop Pipe</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/8/13</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>30</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Steel Tape
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>9</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>20</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 Ridgell 0-472 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAR 13 2013
 BY: DLW