

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 #: 6-167
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Service
 Date drilling completed: 11-10-04

Coastal Water Well Service, Inc

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: Steve Bernhill
 Mailing Address: P.O. Box 1482
Escatawpa MS 39552
 City State Zip Code
 Telephone No. (228) 217-2313

Well Location

Latitude: 30° 33' 16.7" Longitude: 088° 33' 19.5"
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
 USGS quad, SE 1/4 NE 1/4 Sec 2 Twn 765 Rng 6W
 Distance 6 Miles Direction SOUTH of Nearest Town WADE

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 11-10-04 Date well drilling completed: 11-10-04
 If flowing, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11-10-04
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 84' Well depth: 84' Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 74 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: 1.008 inches Setting depth: From 74 feet to 84 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

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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 Well Service
 Date completed: 11-16-04

For Office Use Only:

Aquifer: _____
 Well #: L167
 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>Steve Barnhill</u>	Latitude: <u>30° 33' 16.7"</u> Longitude: <u>088° 33' 19.5"</u>
Mailing Address: <u>P.O. Box 1482</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Escatawpa MS 39552</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 2 Twn T65 Rng R6W</u>
Telephone No. <u>(601) 217-2313</u>	Distance Direction Nearest Town <u>6 Miles South of WADE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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 checked="" 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): <u>1 HP STA-Rize</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11-16-04</u>	Setting Depth: <u>40' drop pipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-16-04</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>20</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>N/A</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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	

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

Johnny Elkins 0-716P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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