

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 #: L186
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well
Date drilling completed: 5/27/09 ^{SKV}

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>Sammy Martin</u> | Latitude: <u>30° 31' 09"</u> Longitude: <u>088° 32' 16"</u> |
| Mailing Address: <u>12108 Greens Ferry Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, ^{06"} ^{46"} |
| <u>Miss Point, MS 39562</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 13 Twn 765 Rng R6 W</u> |
| Telephone No. <u>(228) 475-4523</u> | Distance Direction Nearest Town |
| | <u>4 1/4</u> Miles <u>North</u> of <u>Miss Point</u> |

LAWN & GARDEN

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

Date well drilling started: 5-27-09 Date well drilling completed: 5-27-09

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

Static Water Level: 10' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 85 FT. Well depth: 85 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 75 feet to 85 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.

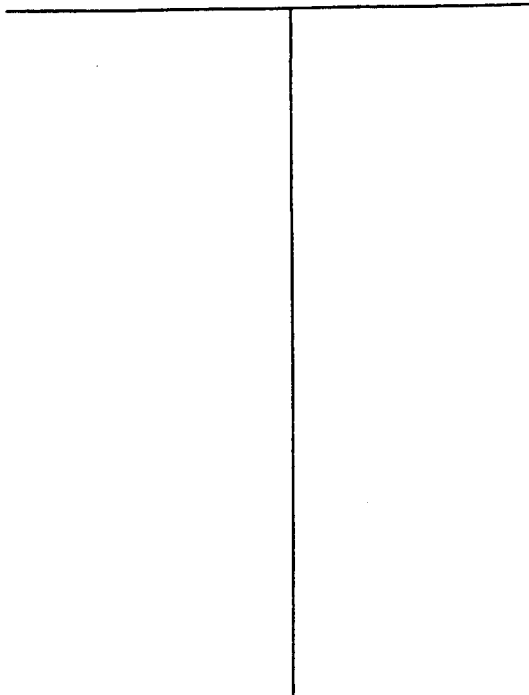
Jan Ridgdell
Signature of Water Well Contractor

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BY: OLWR

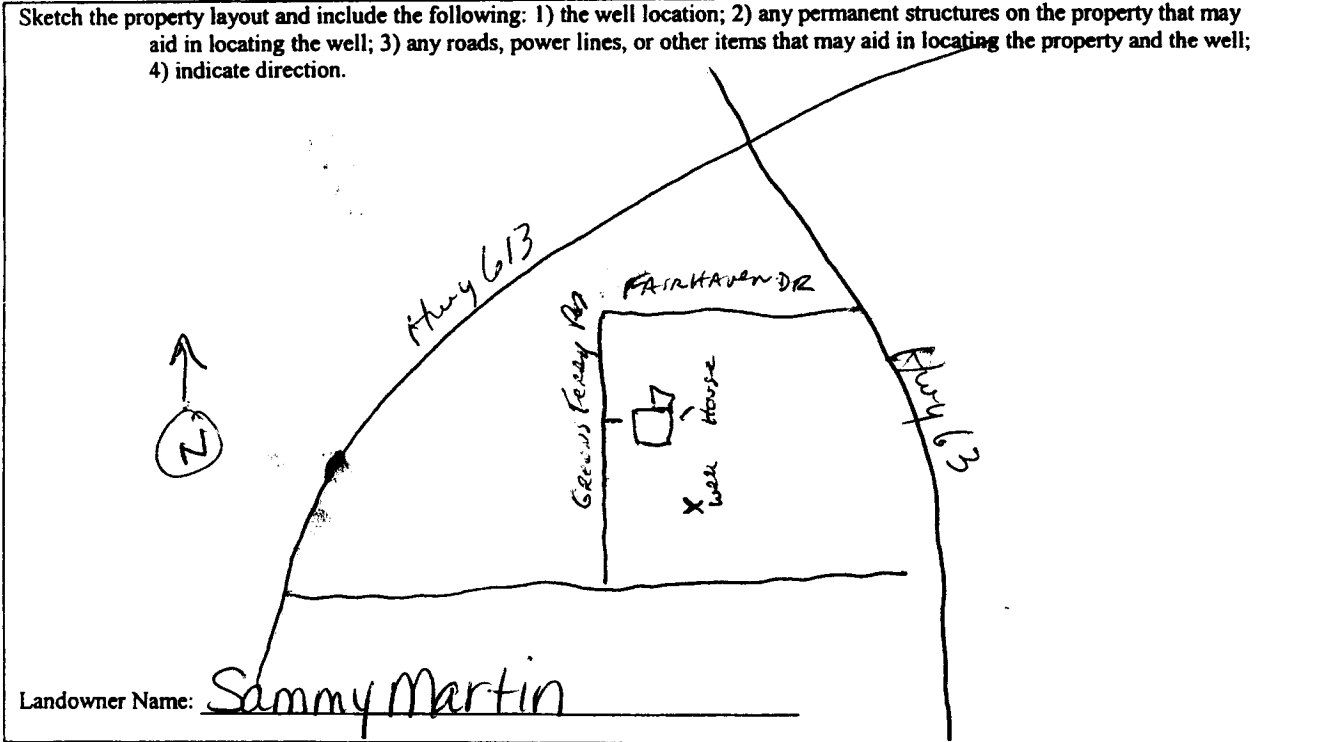
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Top soil | 0 | 2 |
| orange clay | 2 | 10 |
| white coarse sand | 10 | 20 |
| Blue clay | 20 | 60 |
| white coarse sand | 60 | 85 |
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If more than one screen, show location of each on sketch



John Riddell
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 #: W186
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Const Water Wells SRV.
 Date completed: 5/27/09

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>Sammy Martin</u> | Latitude: <u>30° 31' 09.9"</u> Longitude: <u>088° 32' 26.9"</u> |
| Mailing Address: <u>12108 Greens Ferry Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>46"</u> |
| <u>Miss Point, MS 39562</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 13 Twn T6S Rng R6W</u> |
| Telephone No. <u>228 475-4523</u> | Distance Direction Nearest Town |
| | <u>4 1/4</u> Miles <u>NORTH</u> of <u>Miss Point</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>5/28/09</u> | Setting Depth: <u>20 FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5/28/09</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>10</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>20</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</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.

Jack Ridgell 0-432
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
 Signature of Pump Installer

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