

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 #: M-414
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: COAST WATER Well
Date drilling completed: 8-13-04

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>Kenneth Royal</u>	Latitude: <u>30.29.31</u> Longitude: <u>88.31.025</u>
Mailing Address: <u>Dawn Ridge Rd.</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Moss Point, Ms. 39568</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 30</u> Twn <u>T6S</u> Rng <u>R5W</u>
Telephone No. <u>(228) 769-0273</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>—</u> of <u>Helena</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-13-04 Date well drilling completed: 8-13-04
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 5' feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 147' Well depth: 147' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 137 feet Casing diameter: 2 inches Type of casing: PVC P480
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC SCH 80 S AWED
Screen slot size: .008 inches Setting depth: From 137 feet to 147 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 Ridgell
Signature of Water Well Contractor

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AUG 13 2004

BY: OLWR

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 #: M-414

Elevation: _____

County JACKSON

Permit #: _____

Driller: COAST WATER Well

Date completed: 8-13-04

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>Kenneth Royal</u>	Latitude: <u>30° 29.321</u> Longitude: <u>088° 36.025</u>
Mailing Address: <u>DAWN RIDGE RD.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MOSS POINT, MS. 39562</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>S 1/4 SE 1/4 Sec 30 Twn T6S Rng R5W</u>
Telephone No. <u>(228) 769-0273</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>—</u> of <u>Helena</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 HP Goulds SJ-10</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8-14-04</u>	Setting Depth: <u>40' dropping</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>8-14-04</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>5'</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>9</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>N/A</u> hours	

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

Ben Ridgell

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

Ben Ridgell

Signature of Pump Installer

RECEIVED

AUG 13 2004

BY: OLWR