

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-481
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 5-24-07

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>Johnnie Furby</u>	Latitude: <u>30° 31' 00"</u> Longitude: <u>088° 27' 38"</u>
Mailing Address: <u>12225 Lily Orchard Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MissPoint, MS 39562</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 23 Twn 76S Rng R5W</u>
Telephone No. <u>601 475-1575</u>	Distance: <u>2 1/4</u> Miles Direction: <u>ENE</u> of Nearest Town: <u>Hickman</u>

Well Data

Purpose of Well (circle one): ~~Industrial~~ Fish Culture Other: _____
Date well drilling started: 5-24-07 Date well drilling completed: 5-24-07
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: 5-24-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 210' Well depth: 210' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 190 feet to 210 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: _____ 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]
Signature of Water Well Contractor

RECEIVED
JUN 28 2007
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-481

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells SRV.

Date completed: 5-24-07

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>Johnnie Furby</u>	Latitude: <u>30°31'00"</u> Longitude: <u>088°27'38"</u> <u>00</u> <u>23</u>
Mailing Address: <u>12225 Lily Orchard Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Miss Point Ms 39562</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 23 Twn T 65 Rng R5W</u>
Telephone No. <u>228) 475-1575</u>	Distance Direction Nearest Town <u>2 1/4 Miles ENE of Helena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>6-8-07</u>	Setting Depth: <u>80 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-8-07</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>64</u> GPM with a drawdown of <u>35</u> feet after <u>14</u> hours of pumping
Test Pumping Rate: <u>64</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>14</u> hours	

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

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

Jack Ridgdell
 Signature of Pump Installer

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 JUN 28 2007
 BY: OLWR