

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-482
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 5-30-07

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

Owner Name: Forts Lake Vol. Fire Dept.
Mailing Address: FORTS LAKE RD
MissPoint, MS 39562
City State Zip Code
Telephone No. (228) 327-4663

Well Location

Latitude: 30° 29' 47" N Longitude: 88° 24' 57" W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, (Hand-held GPS) Survey-grade GPS
S10 1/4 NE 1/4 Sec 30 Twn 7 S Rng R 4 E
Distance Direction Nearest Town
5 Miles EAST of Hellen

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-30-07 Date well drilling completed: 5-30-07
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: 5-30-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 128' Well depth: 128' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 108 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 108 feet to 128 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): NA

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 Ridgdel 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdel
Signature of Water Well Contractor

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JUN 28 2007

BY: OLWR

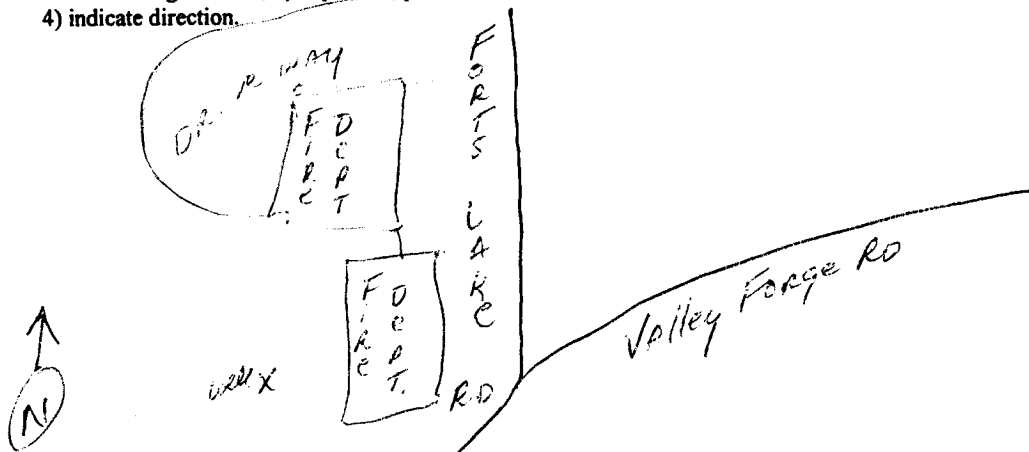
m-482

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[illegible]

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: Forts Lake Vol. Fire Dept.

Signature of Water Well Contractor Paul Ridge

JUN 28 2007

BY: OLWE

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 #:

Elevation:

County: JACKSON
Permit #:
Driller: Coast Water Well Serv.
Date completed: 5-30-07

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

Owner Name: Forts Lake Vol. Fire Dept.
Mailing Address: FORTS LAKE RD
Mass Point, MS 39562
City State Zip Code
Telephone No. (228) 337-4663

Well Location

Latitude: 30°29'786" Longitude: 088°24'957"
Method of Lat/Long (circle one): Hand-held GPS
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 30 Twn 7E Rng 1E
Distance Direction Nearest Town
5 Miles EAST of Hefner

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):

Date Pump Installed: 6-7-07
Rated Pump Capacity: 55 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):

Horse Power Rating of Motor: 3 HP
Setting Depth: 60 ft. drop pipe feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 6-7-07
Static Water Level (A): 10 Feet Below Land Surface
Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface
Test Pumping Rate: 65 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head: N/A feet
Well yielded 100 GPM with a drawdown of
N/A feet after N/A hours of pumping

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

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

Signature of Pump Installer

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JUN 28 2007

BY: OLWR