

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-497
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 10-19-07

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>Sharon Crone</u>	Latitude: <u>30° 28' 57.8"</u> Longitude: <u>088° 30' 18.1"</u>
Mailing Address: <u>9200 Ollie Vice 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>NW 1/4 SE 1/4 Sec 32 Twn 76 S Rng R5 W</u>
Telephone No. <u>(601) 474-8704</u>	Distance Direction Nearest Town
	<u>1 Miles South of Helena</u>

Well Data

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

Date well drilling started: 10-19-07 Date well drilling completed: 10-19-07

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: 10-19-07

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

Hole depth: 249 FT Well depth: 249 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 239 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 239 feet to 249 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 Bidgell 0-472
Print Name of Water Well Contractor and License No.

Jack Bidgell
Signature of Water Well Contractor
NOV 9 2007

BY: OLWR

M-497

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
TOPSOIL	0	2
White clay	2	10
White Coarse Sand	10	65
Blue clay w/ streaks of Sand	65	136
White Coarse Sand	136	156
Blue clay	156	218
Gray Medium to coarse Sand	218	249

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: Sharon Cronel

Sharon Cronel

 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 #: M-497

Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date completed: 10-19-07

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>Sharon Crone</u>	Latitude: <u>30° 28' 578"</u> Longitude: <u>088° 30' 187"</u>
Mailing Address: <u>9200 Ollie Vice 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>	<u>NW 1/4 SE 1/4 Sec 32 Twn 76S Rng R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 474-8704</u>	<u>1</u> Miles <u>South</u> of <u>Helena</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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>10-20-07</u>	Setting Depth: <u>40 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-20-07</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
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>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>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)

Johnny Elkins
Signature of Pump Installer

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BY: OLW/P