

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)

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 1-26-09

For Office Use Only:
Aquifer: _____
Well #: M-531
L. S. Elevation: _____
E-log #: _____

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>Barbara James</u> | Latitude: <u>30° 30' 42.742" N</u> Longitude: <u>088° 24' 794.48" W</u> |
| Mailing Address: <u>11708 Ormond Rd.</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Moss Point, MS 39562</u> | USGS quad, <u>E 1/4 NE 1/4 Sec 19 Twn 76S Rng R4W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: <u>8</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Moss Point</u> |
| Telephone No. <u>228) 475-9464</u> | |

Well Data

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

Date well drilling started: 1-26-09 Date well drilling completed: 1-26-09

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

Static Water Level: flow feet above or below (circle one) land surface Date measured: 1-26-09

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

Hole depth: 175 FT. Well depth: 175 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 165 feet to 175 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 Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

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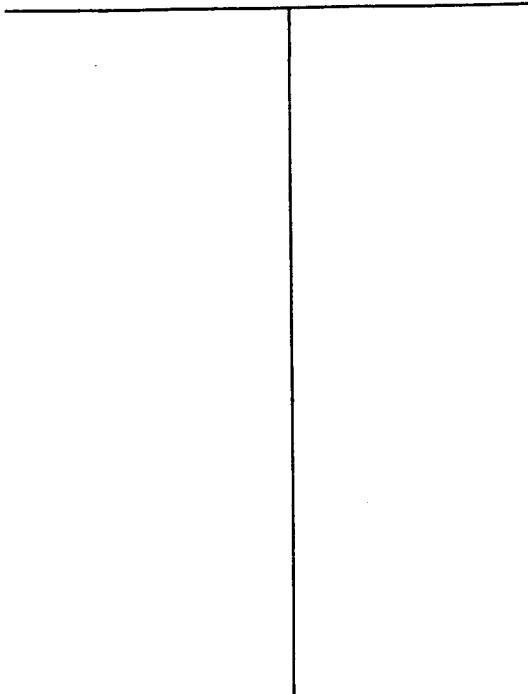
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If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP Soil | 0 | 2 |
| Orange clay | 2 | 18 |
| White Coarse Sand | 18 | 35 |
| Blue clay | 35 | 75 |
| White Coarse Sand | 75 | 115 |
| Blue clay | 115 | 155 |
| Gray Medium Sand | 155 | 175 |
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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: Barbara James


 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-531
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well/ SRV
 Date completed: 1-26-09

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>Barbara James</u> | Latitude: <u>30°30'742"</u> Longitude: <u>088°24'794"</u> |
| Mailing Address: <u>11708 Ormond 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>E</u> ¼ <u>NE</u> ¼ Sec <u>19</u> Twn <u>T6S</u> Rng <u>R 4W</u> |
| Telephone No. <u>228) 475-9464</u> | Distance Direction Nearest Town |
| | <u>8</u> Miles <u>NE</u> of <u>Moss Point</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>1/2 HP</u> |
| Date Pump Installed: <u>1-27-09</u> | Setting Depth: <u>30 FT. Drop pipe</u> , feet |
| Rated Pump Capacity: <u>8.5</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>1-27-09</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>flow</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | <u>Flow approx 2 GPM</u> |
| Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>0</u> feet |
| Test Pumping Rate: <u>8.5</u> Gallons Per Minute | Well yielded <u>30</u> GPM with a drawdown of |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <u>N/A</u> feet after <u>N/A</u> hours of pumping |

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) Signature of Pump Installer

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