

State Well Report

Part I

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: M 546
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 11/12/09

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>Cynthia Hebert/Doris Saks</u> | Latitude: <u>30° 29' 57.5"</u> Longitude: <u>088° 27' 08.5"</u> |
| Mailing Address: <u>10246 Pollocks Ferry Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>34</u> <u>05</u> |
| <u>Miss Point, 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 26 Twn T6 S Rng R5 W</u> |
| Telephone No. <u>228 627-5610</u> | Distance Direction Nearest Town <u>2 1/2</u> Miles <u>East</u> of <u>Helena</u> |

Well Data

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

Date well drilling started: 11/12/09 Date well drilling completed: 11/12/09

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: 11/12/09

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

Hole depth: 177 FT. Well depth: 177 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 167 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 167 feet to 177 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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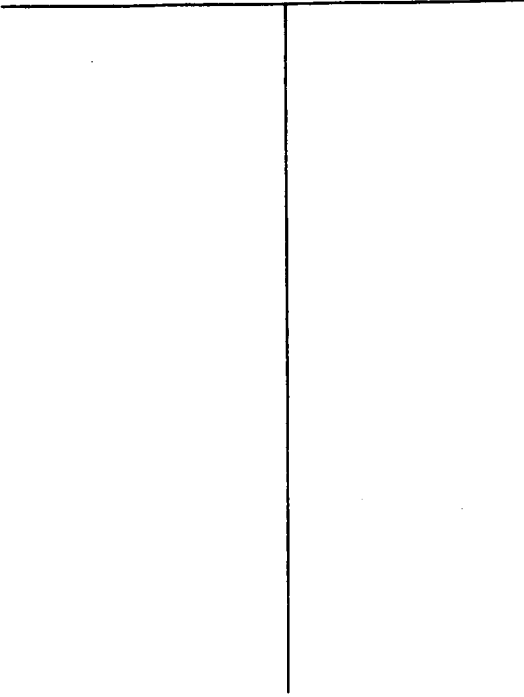
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BY: OLWR

M 546

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 2 |
| Orange clay | 2 | 27 |
| White coarse sand | 27 | 60 |
| Blue clay | 60 | 80 |
| White coarse sand | 80 | 137 |
| Blue clay | 137 | 165 |
| Gray medium sand | 165 | 177 |
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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.

Greenfields Rd

Pollocks Ferry Rd.

well x

House

↑
N

Landowner Name: Cynthia Hebert / Doris Saksa

Jack Pildner

 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: MS46
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date completed: 11/12/09

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>Cynthia Hebert / Doris Saksu</u> | Latitude: <u>30° 29' 57.5"</u> Longitude: <u>088° 27' 08.3"</u> |
| Mailing Address: <u>10246 Pollocks Ferry Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Misspoint, Ms 39562</u> City State Zip Code | <u>NW 1/4 SE 1/4 Sec 26 Twn 6 S Rng R5 W</u> |
| Telephone No. <u>228-627-5610</u> | Distance Direction Nearest Town <u>2 1/2 Miles EAST of 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 | <u>Electric Motor</u> Hand 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>11/13/09</u> | Setting Depth: <u>40 FT. Droppipe</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>11/13/09</u> | <u>Air Line</u> Electric Measuring Line 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>23</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.

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

Jack Ridgdell
 Signature of Pump Installer

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