

State Well Report

Part 1 - Driller's Log

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 #: N-905
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Dr.
Date drilling completed: 6-10-05

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>George Bradley</u>	Latitude: <u>30° 26' 39.4"</u> Longitude: <u>090° 50' 52.2"</u>
Mailing Address: <u>Bayou Pines Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Biloxi MS 39532</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 13 Twn 77S Rng R9W</u>
Telephone No. <u>(228) 392-1552</u>	Distance Direction Nearest Town <u>2 Miles East of Osburnville</u>

Well / Borehole Data

Date drilling started: 6-8-05 Date drilling completed: 6-10-05 Hole depth: 490' Hole diameter: _____

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 6-10-05

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

Well depth: 490 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 465 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 465 feet to 490 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 next page*

If well telescopes please sketch below and show depths.

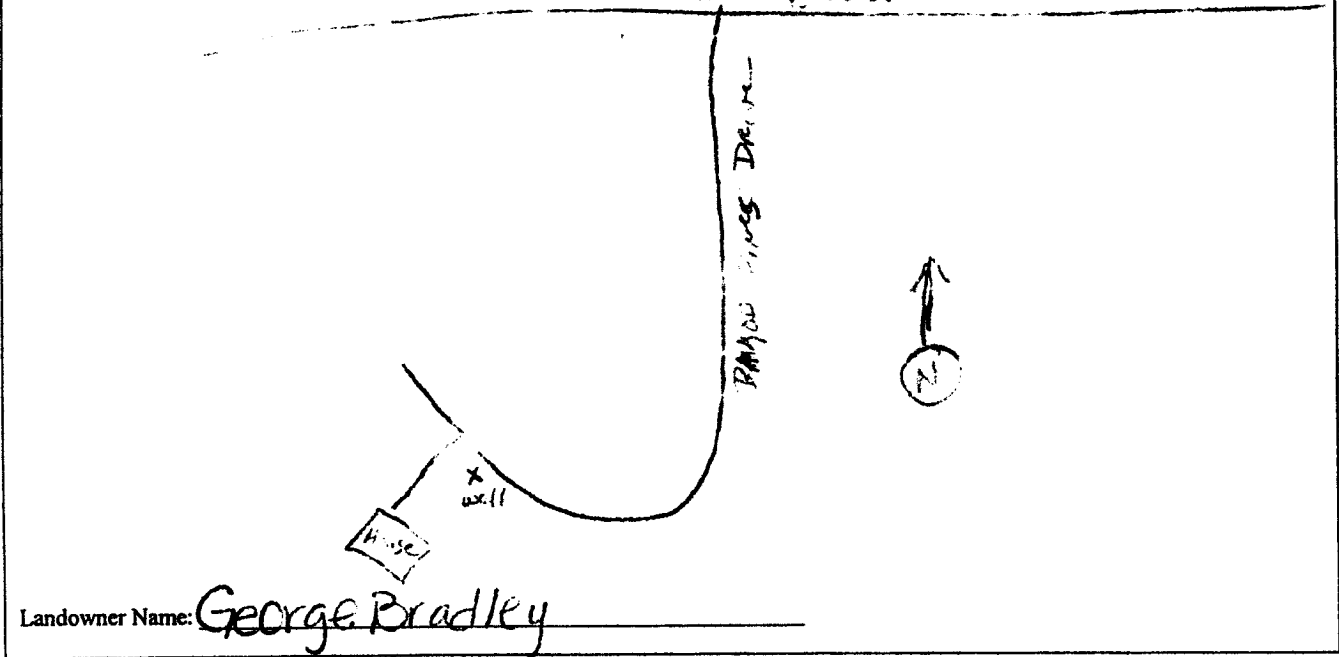
N-905

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Orange clay	2	30
White coarse Sand	30	78
Blue clay	78	270
Gray medium + coarse Sand	270	390
Blue clay	390	400
Gray medium Sand	400	480

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.



Jack Reddell
 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)

County: JACKSON
 Permit #: _____
 Driller: Coast Water Well Serv
 Date completed: 6-10-05

For Office Use Only:

Aquifer: _____
 Well #: N-905
 Elevation: _____

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>George Bradley</u>	Latitude: <u>30° 26' 39.4"</u> Longitude: <u>088° 50' 88.2"</u>
Mailing Address: <u>Bayou Pines Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Biloxi</u> <u>MS</u> <u>39532</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> Twn <u>T7S</u> Rng <u>R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228.392-1552</u>	<u>2</u> Miles <u>EAST</u> of <u>D'Iberville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): <u>2 HP SEA RISE MSG</u>	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>7-12-05</u>	Setting Depth: <u>120 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-12-05</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>95</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>5</u> hours	

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

David Moye 0-714P David Moye
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Part 1

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Office of Land and Water Resources
P.O. Box 10631
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(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: N-905
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: CoastWaterWellsrv
Date drilling completed: 6-10-05

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>George Bradley</u>	Latitude: <u>30 26 374"</u> Longitude: <u>088 50 882"</u>
Mailing Address: <u>Bayou Pines Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Biloxi</u> State: <u>MS</u> Zip Code: <u>39532</u>	USGS quad: <u>NW 1/4 Sec 13 T75 R9W</u>
Telephone No. <u>(228) 392-1552</u>	Distance: <u>2</u> Miles Direction: <u>EAST</u> Nearest Town: <u>Disserville</u>

Part 1

Well Data

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

Date well drilling started: 6-8-05 Date well drilling completed: 6-10-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 6-10-05

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

Hole depth: 480' Well depth: 480' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 465 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 465 feet to 480 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 Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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