

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 #: N-909
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 8-12-05

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>Harris Homes</u>	Latitude: <u>30° 22' 140"</u> Longitude: <u>088° 45' 501"</u>
Mailing Address: <u>Palm Ave</u>	Method of Lat/Long (circle one): Conventional Survey, <u>08</u> <u>30</u>
<u>Ocean Springs MS 39564</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>N/E</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>11</u> Twn <u>T85</u> Rng <u>R8W</u>
Telephone No. <u>608 617-9332</u>	Distance <u>2</u> Miles Direction <u>SE</u> of Nearest Town <u>Ocean Springs</u>

Well Data

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

Date well drilling started: 8-12-05 Date well drilling completed: 8-12-05

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: 8-12-05

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

Hole depth: 168' Well depth: 168' Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 158 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 158 feet to 168 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.

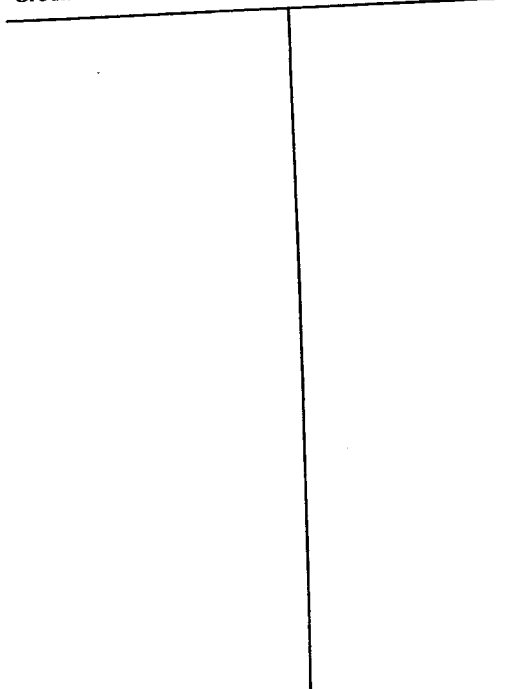
Jack Ridgdell
Signature of Water Well Contractor

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SEP 30 2005
BY: OLWR

N-909

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
White Coarse Sand	2	10
Gray clay	10	25
White Coarse Sand	25	125
Blue clay	125	130
White Coarse Sand	130	168

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.

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Landowner Name: Harris Homes

Jack Ridgell
Signature of Water Well Contractor

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: 8-12-05

For Office Use Only:

Aquifer: _____
 Well #: N-909
 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>Harris Homes, LLC</u>	Latitude: <u>30° 22' 140"</u> Longitude: <u>088° 45' 501"</u>
Mailing Address: <u>Palm Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Ocean Springs MS 39564</u>	<u>N/E</u> 1/4 <u>N/W</u> 1/4 Sec <u>11</u> Twn <u>T8S</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 617-9332</u>	<u>2</u> Miles <u>SE</u> of <u>Ocean Springs</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): <u>1 HP</u>	Horse Power Rating of Motor: <u>1 HP Goulds</u>
Date Pump Installed: <u>8-25-05</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
Date Well Tested: <u>8-25-05</u>	SEP 30 2005 BY: OLWR
Static Water Level (A): <u>20</u> Feet Below Land Surface	Circle one <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>9</u> Gallons Per Minute	Well yielded <u>9</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>6</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.

John Elkins 0-716P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer