

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 911
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastwater Well Serv
Date drilling completed: 9-26-05

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>Mark Gray</u> | Latitude: <u>30° 25' 48.3"</u> Longitude: <u>88° 52' 8.1"</u> |
| Mailing Address: <u>5908 Brittnay Ave</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>Biloxi MS 39532</u> City State Zip Code | <u>NW 1/4 SW 1/4 Sec 16</u> Twn <u>T 7 S</u> Rng <u>R 9 W</u> |
| Telephone No. <u>228 861-5539</u> | Distance <u>1 1/4</u> Miles Direction <u>EAST</u> of Nearest Town <u>D'EBERVILLE</u> |

Well Data

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

Date well drilling started: 9-26-05 Date well drilling completed: 9-26-05

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 9-26-05

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

Hole depth: 290' Well depth: 290 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 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 280 feet to 290 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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BY: OLWR

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: 9-26-05

For Office Use Only:

Aquifer: _____
 Well #: N-911
 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>Mark Gray</u> | Latitude: <u>30°25'683"</u> Longitude: <u>088°52'841"</u> |
| Mailing Address: <u>5908 Brittany Ave</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Biloxi, MS 39532</u> | <u>NW 1/4 SW 1/4 Sec 16 Twp 7S Rng 29W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(228) 861-5539</u> | <u>1/4 Miles East of D'Iberne</u> |

| Pump Type Circle one | Power Type Circle one |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Air Lift <input 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 | <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): _____ | Horse Power Rating of Motor: <u>1 HP Goulds Pump</u> |
| Date Pump Installed: <u>9-27-05</u> | Setting Depth: <u>60 FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>7.5</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>9-27-05</u> | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>30</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>7.5</u> GPM with a drawdown of |
| Test Pumping Rate: <u>7.5</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.

Joshua Ridgell 0-715P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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