

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-1005
 L. S. Elevation: _____
 E-log #: _____

County: JACKSON
 Permit #: _____
 Driller: Coast Water Well
 Date drilling completed: 11-21-06

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>Brian Hunt</u>	Latitude: <u>30° 21' 00"</u> Longitude: <u>088° 44' 21"</u>
Mailing Address: <u>Shelby Ln.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs, MS 39564</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>12</u> Twn <u>T 8 S</u> Rng <u>R 8 W</u>
Telephone No. <u>228-249-6424</u>	Distance: <u>3</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: 11-20-06 Date well drilling completed: 11-21-06

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 11-21-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 90 feet to 100 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: _____ 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

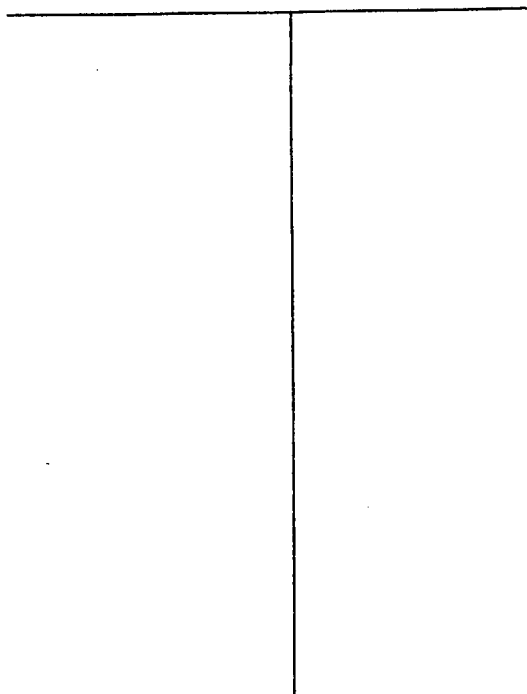
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BY: OLWF

N-1005

If well telescopes please sketch below and show depths.

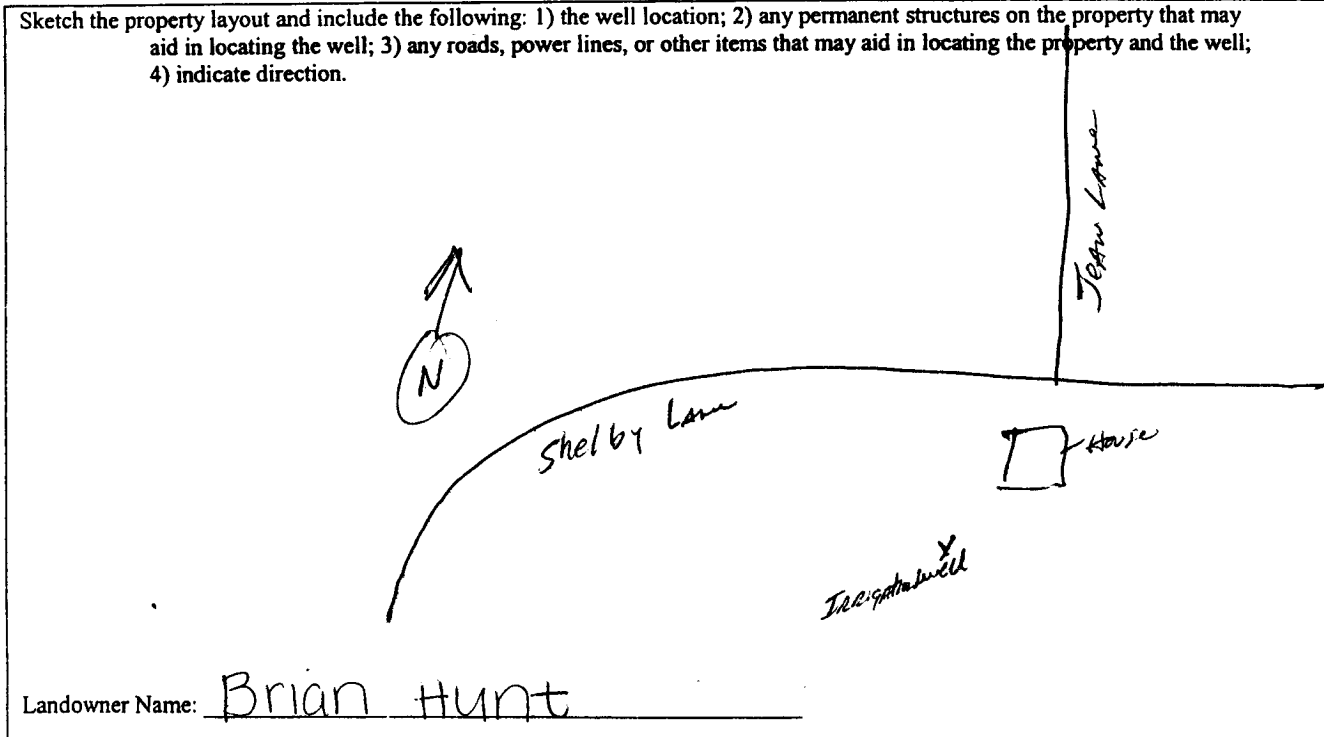
Ground Level _____



Description of Formations Encountered	From	To
TOP SOIL	0	2
Brown coarse sand w/ streaks of clay	2	100
white coarse sand	100	100

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: Brian Hunt


 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: 11-21-06

For Office Use Only:

Aquifer: _____
 Well #: N-1005
 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>Brian Hunt</u>	Latitude: <u>30°21'604"</u> Longitude: <u>088°44'213"</u>
Mailing Address: <u>Shelby Lane</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Ocean Springs Ms 39564</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 12 Twn T85 Rng R8W</u>
Telephone No. <u>228 249-6424</u>	Distance Direction Nearest Town <u>3 Miles SE of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>11-24-06</u>	Setting Depth: <u>80 FT Droppipe</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-24-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</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>42</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping
Test Pumping Rate: <u>42</u> Gallons Per Minute	
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.

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

BY: OLWF