

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-1012
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 5-5-07

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>Dan Autenrith</u> | Latitude: <u>30° 21' 38.1"</u> Longitude: <u>088° 44' 10.2"</u> |
| Mailing Address: <u>2105 Shelby LN.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , ²³ <u>cb</u> |
| <u>Ocean Springs, MS 39564</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SE 1/4 Sec 12</u> Twn <u>T8S</u> Rng <u>R8W</u> |
| Telephone No. <u>228 238 2018</u> | Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Ocean Springs</u> |

Well Data

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

Date well drilling started: 5-5-07 Date well drilling completed: 5-5-07

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 5-5-07

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

Hole depth: 88' Well depth: 88' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.008 inches Setting depth: From 78 feet to 88 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 Bidgdeil 0-472
Print Name of Water Well Contractor and License No.

Jack Bidgdeil
Signature of Water Well Contractor

RECEIVED
MAY 31 2007
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)

For Office Use Only:

Aquifer: _____

Well #: N 1012

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 5-5-07

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>Dan Autenrith</u> | Latitude: <u>30°21'38.1"</u> Longitude: <u>088°44'10.2"</u> |
| Mailing Address: <u>2605 Shelby Ln.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Ocean Springs, MS 39564</u> | USGS quad <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>NE</u> ¼ <u>SE</u> ¼ Sec <u>12</u> Twn <u>T8S</u> Rng <u>R8W</u> |
| Telephone No. <u>(208) 238-2018</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>SE</u> of <u>Ocean Springs</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input checked="" type="radio"/> Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal <input type="radio"/> Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>5-5-07</u> | Setting Depth: <u>40 ft. drop pipe</u> feet |
| Rated Pump Capacity: <u>11</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5-5-07</u> | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>5</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>11</u> GPM with a drawdown of |
| Test Pumping Rate: <u>11</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 1/2</u> hours | |

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

Jack Ridgell 0-472 Jack Ridgell RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer MAY 31 2007

BY: OLWR