

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 #: 2501
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 10-14-05

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>Ed Daniels</u> | Latitude: <u>30° 20' 57.6"</u> Longitude: <u>088° 42' 00.4"</u> |
| Mailing Address: <u>6013 West Belle Fontaine Beach Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>36</u> |
| <u>Ocean Springs Ms 39564</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>✓</u> |
| City State Zip Code | <u>36</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>17</u> Twn <u>T85</u> Rng <u>R7W</u> |
| Telephone No. <u>228217-2323</u> | Distance Direction Nearest Town |
| | <u>3 1/2</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: 10-14-05 Date well drilling completed: 10-14-05

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 10-14-05

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

Hole depth: 418' Well depth: 418' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 408 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 408 feet to 418 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.

Jan Ridgdell

Signature of Water Well Contractor

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501

If well telescopes please sketch below and show depths.

Ground Level

Large empty rectangular area for sketching well telescopes.

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| White Sand | 0 | 15 |
| Gray Clay | 15 | 69 |
| White Coarse Sand | 69 | 88 |
| Blue Clay | 88 | 105 |
| White Coarse Sand | 105 | 158 |
| Blue clay w/streaks of sand | 158 | 388 |
| Gray Coarse Sand | 388 | 418 |
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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: Ed Daniels

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: Coastwater Well Serv.
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: 501
 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>Ed Daniels</u> | Latitude: <u>30°20'576"</u> Longitude: <u>88°42'604"</u> |
| Mailing Address: <u>6013 West Belle Fontaine Beach Dr.</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> City State Zip Code | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>17</u> Twn <u>T8S</u> Rng <u>R7W</u> |
| Telephone No. <u>(228) 217-2323</u> | Distance Direction Nearest Town <u>3 1/2</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): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>10-15-05</u> | Setting Depth: <u>60 FT DROPPING</u> feet |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-15-05</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>45</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</u> GPM with a drawdown of |
| Test Pumping Rate: <u>7</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</u> hours | |

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

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

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