

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 #: Φ 546
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 12-3-07

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>Terry Cooper</u>	Latitude: <u>30° 27' 16"</u> Longitude: <u>88° 43' 34"</u>
Mailing Address: <u>6712 Hollis Lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>21</u>
<u>Ocean Springs, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> Twn <u>T7S</u> Rng <u>R7W</u>
Telephone No. <u>(228) 826-2543</u>	Distance <u>4 1/2</u> Miles Direction <u>SOUTH</u> of Nearest Town <u>Vanderhove</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-2-07 Date well drilling completed: 12-3-07
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-3-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 375 FT. Well depth: 375 FT. Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 365 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 365 feet to 375 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.

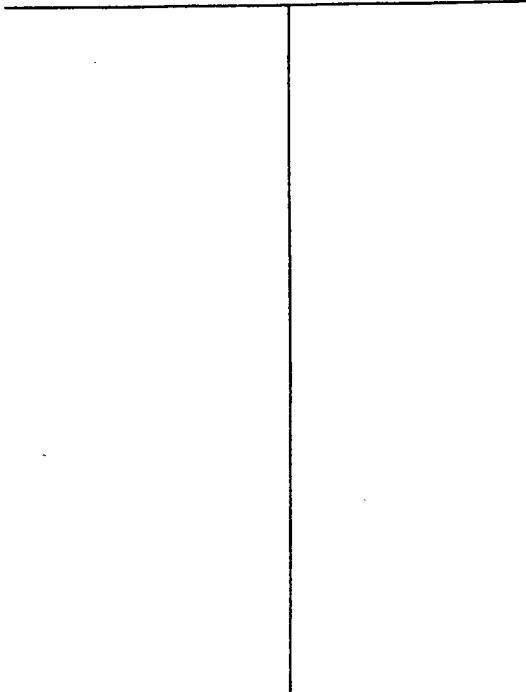
Jack Ridgdell

Signature of Water Well Contractor

Ø 546

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange clay	2	18
White Coarse Sand	18	90
Blue Clay w/ streaks of Sand	90	342
Gray Medium Sand	342	375

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: Terry Cooper

Josh Ralphe
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+WaterWellsSRV.
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: Φ 546
 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>Terry Cooper</u>	Latitude: <u>30° 27' 6.76"</u> Longitude: <u>088° 43' 34.9"</u>
Mailing Address: <u>6712 Hoddis Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Ocean Springs MS 38565</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 6 Twn 77S Rng 27W</u>
Telephone No. <u>228 826-2543</u>	Distance Direction Nearest Town <u>4 1/2 Miles South of Vandevone</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>12-11-07</u>	Setting Depth <u>100FT. Droppipe</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>12-11-07</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</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>4</u> hours	

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

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