

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 #: Q-557
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 10-1-08

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>David Stanford</u> | Latitude: <u>30° 25' 28.4"</u> Longitude: <u>088° 39' 14.9"</u> |
| Mailing Address: <u>2620 Fairley RD.</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Gautier, MS 39153</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NE 1/4 Sec 23 Twn 77S Rng R7W</u> |
| Telephone No. <u>601-623-2070</u> | Distance <u>1/4</u> Miles <u>W</u> Direction <u>W</u> of <u>GAUTIER</u> Nearest Town |

Well Data

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

Date well drilling started: 10-1-08 Date well drilling completed: 10-1-08

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: 10-1-08

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 75 feet to 80 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 Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

RECEIVED
OCT 23 2008
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 #: Q-557
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date completed: 10-1-08

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>David Stanford</u> | Latitude: <u>30° 25' 284"</u> Longitude: <u>088° 39' 149"</u> |
| Mailing Address: <u>2620 Fairley Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Gautier, MS 39553</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>23</u> Twn <u>T75</u> Rng <u>R7W</u> |
| Telephone No. <u>601 623-2010</u> | Distance Direction Nearest Town |
| | <u>1.1</u> Miles — of <u>Gautier</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>10-6-08</u> | Setting Depth: <u>40 FT. Drop pipe</u> , feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-6-08</u> | <input checked="" type="radio"/> Air Line 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>25</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</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.

Jack Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
 Signature of Pump Installer

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 OCT 23 2008
 BY: OLWR