

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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date drilling completed: 7-10-08

For Office Use Only:

Aquifer: _____
 Well #: P-486
 L. S. Elevation: _____
 E-log #: _____

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>Ottis Lott</u> | Latitude: <u>30° 24' 58" 32</u> Longitude: <u>088° 32' 03" 03</u> |
| Mailing Address: <u>4601 Welch Ave</u> | Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Moss Point, MS 39563</u> City State Zip Code | USGS quad, <u>S1W 1/4 N1E 1/4 Sec 25 Twn T7S Rng R6W</u> |
| Telephone No. <u>228 475-2492</u> | Distance Direction Nearest Town <u>1/4 Miles East of Moss Point</u> |

Well Data

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

Date well drilling started: 7-10-08 Date well drilling completed: 7-10-08

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 7-10-08

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

Hole depth: 83 FT Well depth: 83 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 7 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 76 feet to 83 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 Ridgell 0-472 Print Name of Water Well Contractor and License No. Jack Ridgell Signature of Water Well Contractor

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P-486

If well telescopes please sketch below and show depths.

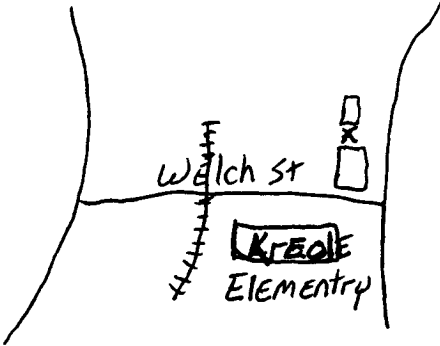
Ground Level

Diagram for sketching well telescopes.

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOO SOIL | 0 | 2 |
| Orange clay | 2 | 10 |
| White coarse sand | 10 | 40 |
| Blue clay | 40 | 58 |
| Brown coarse sand | 58 | 83 |
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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: Ottis Lott

Jack Ridgell 0-472
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)

For Office Use Only:

Aquifer: _____

Well #: P-486

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Serv.

Date completed: 7-10-08

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>Ottis Lott</u> | Latitude: <u>30°24'52.9"</u> Longitude: <u>088°32'04.2"</u> |
| Mailing Address: <u>4601 Welch Ave.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Mass Point, MS 39563</u> | USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>S/W 1/4 N/E 1/4 Sec 25 Twn T7S Rng R6W</u> |
| Telephone No. <u>228 475-2492</u> | Distance Direction Nearest Town |
| | <u>1/4 Miles EAST of Moss Point</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input checked="" type="radio"/> Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1HP</u> |
| Date Pump Installed: <u>7-11-08</u> | Setting Depth: <u>40FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>7-11-08</u> | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>20</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>20</u> GPM with a drawdown of |
| Test Pumping Rate: <u>9</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>5</u> hours | |

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

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

John Elkins
 Signature of Pump Installer

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