

State Well Report

Part I

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-596
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 12/2/08

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>Tony McCormick</u> | Latitude: <u>30° 27' 46.1"</u> Longitude: <u>088° 26' 37.3"</u> |
| Mailing Address: <u>E.B. Davis Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>28</u> |
| <u>Miss Point, Ms 39562</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 12 Twn T9 S Rng R5 W</u> |
| Telephone No. <u>228 990-0010</u> | Distance Direction Nearest Town <u>2 1/2</u> Miles <u>EAST</u> of <u>MISS POINT</u> |

Well Data

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

Date well drilling started: 12/2/08 Date well drilling completed: 12/2/08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 12/2/08

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

Hole depth: 156 FT. Well depth: 156 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 146 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 146 feet to 156 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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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-596

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells RV.

Date completed: 12/2/08

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>Tony McCormick</u> | Latitude: <u>30°27'461"</u> Longitude: <u>088°26'373"</u> |
| Mailing Address: <u>E.B. Davis Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Moss Point, ms 39562</u> City State Zip Code | <u>NE 1/4 NW 1/4 Sec 12 Twn TTS Rng R5W</u> |
| Telephone No. <u>228,990-0010</u> | Distance Direction Nearest Town <u>2 1/2 Miles East of Moss Point</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | 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>12/3/08</u> | Setting Depth: <u>40FT. 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>12/3/08</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>10</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>22</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>5</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)

[Signature]
 Signature of Pump Installer

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