

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-597
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 12-1-08

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>Don Davis</u> | Latitude: <u>30° 25' 16.9"</u> Longitude: <u>088° 27' 8.8"</u> |
| Mailing Address: <u>8621 Old Stage Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>49</u> |
| <u>Moss Point, MS 39562</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SE 1/4 Sec 22 Twn T7 S Rng R5 W</u> |
| Telephone No. <u>601 474-4638</u> | Distance Direction Nearest Town <u>1</u> Miles <u>EAST</u> of <u>Moss Point</u> |

Well Data

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

Date well drilling started: 12-1-08 Date well drilling completed: 12-1-08

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 12-1-08

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: 73 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 73 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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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-597
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 12/1/08

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

Owner Name: Don Davis
 Mailing Address: 8621 Old Stage Rd.
Moss Point, MS 39562
City State Zip Code
 Telephone No. (228) 474-4638

Well Location

Latitude: 30° 25' 16.9" Longitude: 088° 27' 8.18"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
NE ¼ SE ¼ Sec 22 Twn T75 Rng R5W
 Distance Direction Nearest Town
1 Miles EAST of MOSS POINT

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 12/2/08
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 HP
 Setting Depth: 40 FT. Drop pipe feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 12/2/08
 Static Water Level (A): 6 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 28 GPM with a drawdown of
N/A feet after N/A hours of pumping

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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