

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 #: Q606
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 8-13-09

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>Richard Krauzyk</u> | Latitude: <u>30° 28' 30"</u> Longitude: <u>88° 25' 74"</u> |
| Mailing Address: <u>8901 Club House RD</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Miss Point Ms 39562</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City: _____ State: _____ Zip Code: _____ | <u>NE 1/4 NE 1/4 Sec 1 Twn T7S Rng R5W</u> |
| Telephone No.: <u>(251) 554-2928</u> | Distance: <u>3</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Miss Point</u> |

Well Data

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

Date well drilling started: 8-13-09 Date well drilling completed: 8-13-09

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 8-13-09

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

Hole depth: 163 FT Well depth: 163 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 153 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 153 feet to 163 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.

[Signature]
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 #: 9606

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv
 Date completed: 8-13-09

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>Richard Krauzyk</u> | Latitude: <u>30°28'30.8"</u> Longitude: <u>088°25'77.4"</u> |
| Mailing Address: <u>8901 Club House Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> 46 |
| <u>Miss Point Ms 39562</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 1 Twn T 75 Rng R 5W</u> |
| Telephone No. <u>251 554-2928</u> | Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Mass 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 | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>8-14-09</u> | Setting Depth: <u>20 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>8-14-09</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>5</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): _____ hours | |

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

Jack Ridgell 0472 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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