

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 # E-17
L S Elevation _____
E-log # _____

Lincoln

LARRY Easley

9-16-05

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

Name Sea Support Venture
Address Timbeelane Rd

City Wesson MS Zip Code 39191

Well Location

Latitude 31° 41' 55" Longitude 90° 17' 10"

Method of Lat/Long (circle one) Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

NW NE Sec 3 Twn 8N Rng 9E

Distance 6 Miles Direction West of Nearest Town Wesson

Well Data

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

Date well drilling started 9-15-05 Date well drilling completed 9-16-05

Flowing method of flow regulation Valve Other (describe)

Static Water Level 53 feet above or below (circle one) land surface Date measured 9-16-05

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

True depth 140 Well depth 124 Well grouted to a depth of 10 feet

Type of grout (circle one) cement Bentonite Mix

Casing length 114 feet Casing diameter 4 inches Type of casing PVC

Screen length 20 feet Screen diameter 4 inches Type of screen PVC

Screen slot size 010 inches Setting depth From 114 feet to 124 feet

Completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe)

Log bit tap pipe or reduction in casing _____ feet If telescoped or more than one screen, describe on back of page

Log run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other

Name of organization running log(s)

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.

Print Name of Water Well Contractor and License No Easley Waterwell 510

Signature of Water Well Contractor Larry Easley

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OCT 13 2005

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)

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Aquifer

Well # E-17

Elevation

County Lincoln
Pump Installer LARRY Easley
Date Completed 9-16-05

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

Sea Support Venture

Mailing Address

Wesson MS 39191
City State Zip Code

Telephone No.

Well Location

Latitude Longitude

Method of Lat/Long (circle one) Conventional Survey

USGS quad, Hand-held GPS, Survey-grade

1/4 Sec 3 Twn 8N Rng 9E

Distance Direction Nearest Town

Miles of

Pump Type Circle one

Art. Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify)

Date Pump Installed

9-16-05

Rated Pump Capacity

12

Gallons Per Minute

Power Type Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor

Windmill

Other (specify)

Horse Power Rating of Motor 1 hp

Setting Depth 80 feet

Number of Stages 12

Pump Test Data

Date Well Tested

9-16-05

Static Water Level (A)

53

Feet Below Land Surface

Pumping Water Level (B)

60

Feet Below Land Surface

Drawdown [(B) - (A)]

7

Feet Below Land Surface

Test Pumping Rate

12

Gallons Per Minute

Duration of Pump Test (minimum 4 hours)

4

hours

Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Stem

Other (specify)

For flowing well, measured shut in head

Well yielded 12 GPM with a drawdown of

7 feet after

4 hours of pumping

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

Larry Easley 510
Print Name of Pump Installer and License No. (if applicable)

Larry Easley
Signature of Pump Installer

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BY: OLWR

E-17

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From:

CLAY
Sand
CLAY

0	80
80	124
124	140

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.

owner Name Sen Support Venture

Harry Eason
Signature of Water Well Contractor

BY: OLWR