

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 #: H-55
L. S. Elevation: _____
E-log #: _____

County: Stone

Permit #: _____

Driller: Coast Water Well Serv

Date drilling completed: 6-4-05

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

Owner Name: Randy + Karri Cuevas

Mailing Address: Cable Bridge Rd

Perkinston MS 39573
City State Zip Code

Telephone No. (228) 669-1598

Well Location

Latitude: 30° 44' ²⁶ 434" Longitude: 088° 56' ⁵⁵ 909"

Method of Lat/Long (circle one): Conventional Survey,

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

NW 1/4 SE 1/4 Sec 36 Twn T35 Rng R10W

Distance Direction Nearest Town
11 Miles ESE of Perkinston

Well Data

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

Date well drilling started: 6-3-05 Date well drilling completed: 6-4-05

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 6-4-05

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

Hole depth: 105' Well depth: 105' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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 95 feet to 105 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 Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

H-55

Ground Level

Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange Clay	2	19
Brown Coarse Sand	19	32
Orange + Blue Clay	32	85
Gray Medium Sand	85	105

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.

Cambridge Rd.
X well
Mobile Home
Wire Rd.
Highway 15
②

Landowner Name: Randy + Karri Cuevas

Jane Ridge
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)

County: Stone
 Permit #: _____
 Driller: Coast Water Well Serv
 Date completed: 6-4-05

For Office Use Only:

Aquifer: _____
 Well #: H-55
 Elevation: _____

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>Randy + Karri Cuevas</u>	Latitude: <u>30° 44' 43.4"</u> Longitude: <u>088° 56' 9.07"</u>
Mailing Address: <u>Cable Bridge RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Perkinston MS 39573</u>	<u>SE 1/4 SE 1/4 Sec 26 Twn 73S Rng R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 669-1598</u>	<u>11 Miles ESE of PERKINSTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>(Electric Motor)</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 HP</u>	Horse Power Rating of Motor: <u>1 HP Goulds</u>
Date Pump Installed: <u>6-6-05</u>	Setting Depth: <u>80 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-6-05</u>	<u>(Air Line)</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</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>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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.

Ben Ridgell 0-713P Ben Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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