

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 #: M-60
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Coast Water Well SRV.
Date drilling completed: 6-3-07

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>Jerry Bennett</u> | Latitude: <u>30° 42' 09.7"</u> Longitude: <u>088° 57' 8.00"</u> |
| Mailing Address: <u>CCC Rd.</u> | Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>48</u> |
| <u>Perkinston, MS</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>S00SE 1/4 NW</u> 1/4 Sec <u>14</u> Twn <u>T4S</u> Rng <u>R10W</u> |
| Telephone No. <u>(228) 990-5099</u> | Distance Direction Nearest Town |
| | <u>10</u> Miles <u>East</u> of <u>MEHARRY</u> |

Well Data

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

Date well drilling started: 5-31-07 Date well drilling completed: 6-3-07

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 6-2-07

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

Hole depth: 211' Well depth: 211' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 201 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.008 inches Setting depth: From 201 feet to 211 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: _____ 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 0-47a
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)

County: Stone
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 6-2-07

For Office Use Only:

Aquifer: _____
 Well #: m-60
 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>Jerry Bennett</u> | Latitude: <u>30° 42' 097"</u> Longitude: <u>088° 57' 809"</u> |
| Mailing Address: <u>CCC Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Perkinston Ms</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 14 Twn T45 Rng R10W</u> |
| Telephone No. <u>228 990-5099</u> | Distance Direction Nearest Town |
| | <u>10 Miles EAST of McHenry</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | 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): _____ | Horse Power Rating of Motor: <u>1 1/2</u> |
| Date Pump Installed: <u>6-6-07</u> | Setting Depth: <u>180 FT. Droppipe</u> feet |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>6-6-07</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>95</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)]: _____ Feet Below Land Surface | Well yielded <u>21</u> GPM with a drawdown of |
| Test Pumping Rate: <u>21</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>6</u> hours | |

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

Jack Ridgdell 0-472
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgdell
 Signature of Pump Installer

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JUL 09 2007
 BY: OLWR