

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-67
 L. S. Elevation: _____
 E-log #: _____

County: Stone
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 8-23-07

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>Barry Rando</u> Mailing Address: <u>111 CCC Rd.</u> <u>Perkinston, MS 39573</u> <small>City State Zip Code</small> Telephone No. <u>(601) 347-1033</u>	Latitude: <u>30° 42' 243"</u> Longitude: <u>088° 57' 24"</u> <small>Method of Lat/Long (circle one): Conventional Survey, <u>14</u> <u>A2</u></small> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>1</u> <u>NE 1/4 NW 1/4</u> Sec <u>14</u> Twn <u>T45</u> Rng <u>R12W</u> Distance <u>10</u> Miles <u>EAST</u> of <u>McHenry</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 8-23-07 Date well drilling completed: 8-23-07
 If flowing, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-23-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 220 FT Well depth: 220 FT Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 210 feet to 220 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 of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	2
Orange + Blue Clay	2	135
Gray Medium + Coarse Sand	135	180
Blue Clay	180	182
Gray Coarse Sand	182	220

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.

Proposed Home Site
well X
DRIVE
CCC Rd
EAST McHENRY RD.

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Landowner Name: Barry Bando

Signature of Water Well Contractor

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 SRV.
 Date completed: 8-23-07

For Office Use Only:

Aquifer: _____
 Well #: M-67
 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>Barry Bando</u>	Latitude: <u>30°42'243"</u> Longitude: <u>088°57'711"</u>
Mailing Address: <u>111 CCC 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> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 14 Twn 74S Rng R10W</u>
Telephone No. <u>601,347-1022</u>	Distance Direction Nearest Town <u>10 Miles EAST of McHenry</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 <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>2 HP</u>
Date Pump Installed: <u>8-24-07</u>	Setting Depth: <u>120 FT. Dropping</u>
Rated Pump Capacity: <u>9.5</u> Gallons Per Minute	Number of Stages: <u>3</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-24-07</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>90</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>9.5</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping
Test Pumping Rate: <u>9.5</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6.5</u> hours	

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 of Pump Installer