

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-69
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 8-24-07

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>Albert Sjostrom</u>	Latitude: <u>30° 42' 31"</u> Longitude: <u>088° 57' 38"</u>
Mailing Address: <u>CCC Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>45</u>
<u>Saucier, MS 39573</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>14</u> Twn <u>T4S</u> Rng <u>R10W</u>
Telephone No. <u>228-396-2765</u>	Distance <u>SE</u> Direction <u>11</u> Nearest Town <u>McHenry</u>
	<u>10</u> Miles <u>EAST</u> of _____

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: 8-24-07

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: 8-24-07

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

Hole depth: 183' Well depth: 183' Well grouted to a depth of 10'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 173 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 173 feet to 183 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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BY: OLWFR

M 69

NOTICE TO OWNERS OF NEW WATER WELLS

THE MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY REQUIRES THIS WELL BE TESTED ACCORDING TO THE MISSISSIPPI STATE BOARD OF HEALTH STANDARDS, AND PASS THE TEST, BEFORE BEING CONSUMED OR USED AS A POTABLE WATER SOURCE.

This well needs to be run constantly for a period of two to three weeks before testing. After running the well, contact your local Health Department's Environmental Office, or a state certified laboratory to have the water tested for bacteria.

Following the test, the Health Department or laboratory will advise you as to whether your well is safe for human consumption or if further chlorination is required.

If your water passes the test, we need a copy of the results so we can forward it to the Mississippi Department of Environmental Quality as required by state regulations.

If your water fails the test, chlorination of the pump system, chlorination of the well and pump system, or a chlorinator may be required. Please contact us at Coast Water Well Service, Inc. if we can be of assistance in these processes.

Water well contractor (signature): Jack Ridgell 0-472

Purchaser/Customer (signature): Albert L. Sjostrom

Purchaser Name (printed): Albert L. Sjostrom

Purchaser Mailing Address: 686 Atwood Drive, Diberville, Ms 39540

Purchaser Phone Numbers: 228-392-2765 (H) 324-7166 (cell)

Date signed: 8/15/07

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HELPFUL INFORMATION:

- Coast Water Well Service ----- (228) 826-9275
- Jackson County Health Department Environmental Office ----- (228) 875-1336
- Harrison County Health Department Environmental Office ----- (228) 831-5398
- Micro-Methods Laboratory ----- (228) 875-6420
- Coast Chlorinator ----- (228) 392-2085

COST TO CHLORINATE WELL AND PUMP SYSTEM \$200.00

APPROXIMATE COST OF CHLORINATOR SYSTEM INSTALLED \$850.00

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: 8-24-07

For Office Use Only:

Aquifer: _____
 Well #: M-69
 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>Albert Sjastrom</u>	Latitude: <u>30° 48' 757"</u> Longitude: <u>088 57' 337"</u>
Mailing Address: <u>CCC Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Saucier, MS 39573</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 14 Twn T4S Rng R10W</u>
Telephone No. <u>(228) 396-2765</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>2HP</u>
Date Pump Installed: <u>9-27-07</u>	Setting Depth: <u>120 Ft. droppipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-27-07</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</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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 3/4</u> hours	

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

Jack Ridgdell 0-472 **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Jack Ridgdell
 Signature of Pump Installer OCT 22 2007

BY: OLWR