

*George*

# 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-93  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 3-11-06

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>Dorothy Reeves</u>	Latitude: <u>30° 49' 937"</u> Longitude: <u>88° 46' 918"</u>
Mailing Address: <u>6572 Hwy. 57</u>	Method of Lat/Long (circle one): <u>56</u> Conventional Survey, <u>55</u>
City: <u>Lucedale</u> State: <u>MS</u> Zip Code: <u>39452</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(601) 945-2611</u>	<u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>34</u> Tw <sup>n</sup> <u>T25</u> Rng <u>R8W</u>
	Distance <u>3 1/2</u> Miles Direction <u>SOUTH</u> of Nearest Town <u>BERNDALE</u>

**Well Data**

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

Date well drilling started: 3-10-06 Date well drilling completed: 3-11-06

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-11-06

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

Hole depth: 315 Well depth: 315 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 305 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 305 feet to 315 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

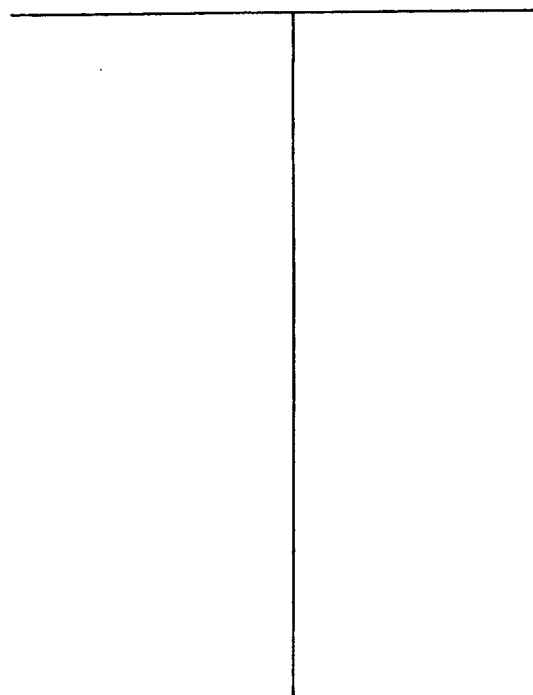
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APR 10 2006  
BY: OLWR

E- 93

If well telescopes please sketch below and show depths.

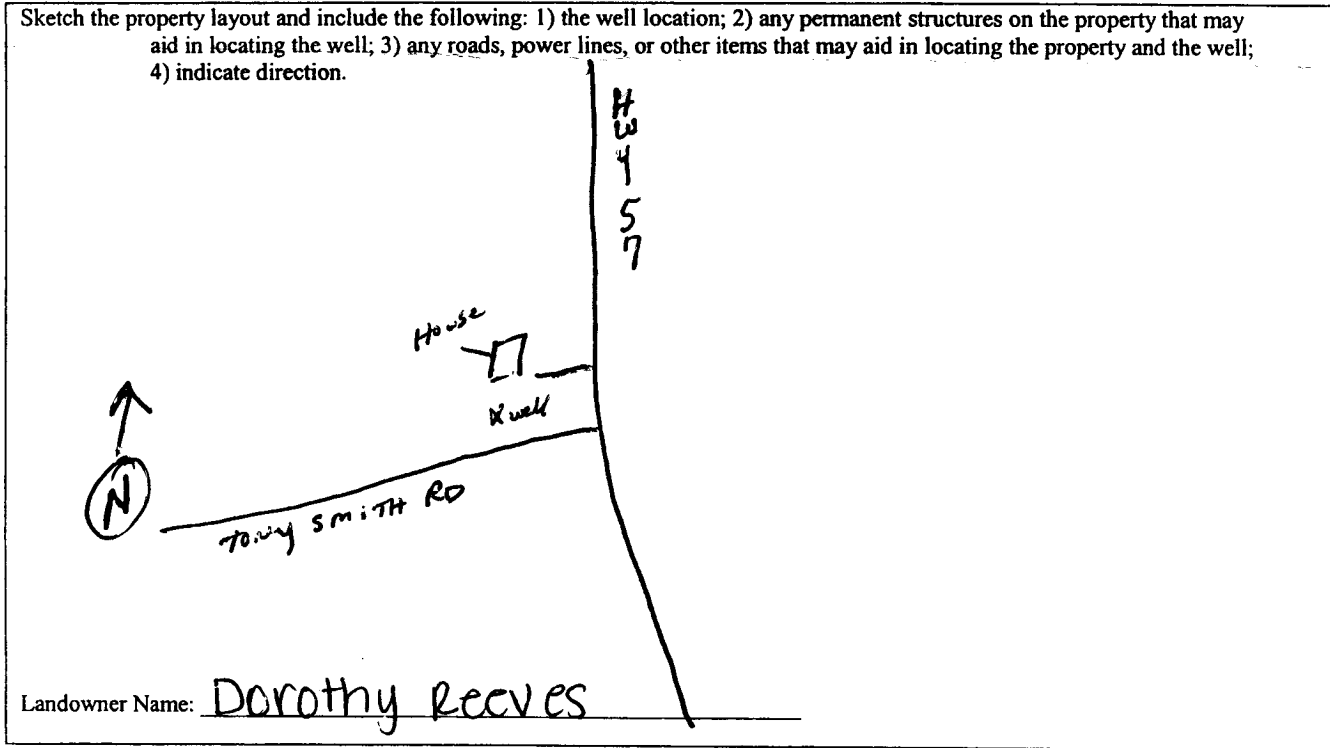
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
Red clay	2	10
White coarse sand	10	40
Blue clay	40	295
Gray coarse sand	295	315

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.



*Jack Kilgus*  
Signature of Water Well Contractor

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BY: OLWR

*George*

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: E-93

Elevation: \_\_\_\_\_

County: JACKSON

Permit #: \_\_\_\_\_

Driller: COAST WATER WELL SV.

Date completed: 3-13-06

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: DOROTHY REEVES

Mailing Address: 6572 HWY. 57

Lucedale MS 39452  
City State Zip Code

Telephone No. (601) 945-2611

### Well Location

Latitude: 30° 49' 937" Longitude: 088° 46' 918"  
56 55

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

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

NW 1/4 SW 1/4 Sec 34 Twn 72S Rng R8W

Distance Direction Nearest Town

3 1/2 Miles SOUTH of BOUNDARY

### Pump Type

Circle one

Air Lift  Jet  Submersible  
Bucket  Piston  Turbine  
Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 3-13-06

Rated Pump Capacity: 6 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 2 HP

Setting Depth: 120' of drop pipe

Number of Stages: 3

### Pump Test Data

Date Well Tested: 3-13-06

Static Water Level (A): 100 Feet Below Land Surface

Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface

Test Pumping Rate: 6 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level

Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: N/A feet

Well yielded 6 GPM with a drawdown of

N/A feet after N/A hours of pumping

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

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

[Signature]  
Signature of Pump Installer

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BY: OLWR