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Coastal Drilling

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P. 4

### State Well Report

#### Part I

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 #: A-75  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Harrison 249  
 Permit #: \_\_\_\_\_  
 Driller: B. Mason  
 Date drilling completed: 1-20-05

Coastal Drilling and Service Company

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>Steve Pigue</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Red Oak Rd</u> <u>Beulmont</u> <u>MS 38521</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>55</u> Rng <u>7SW</u>
Telephone No. ( ) <u>864-1233</u>	Distance: <u>10</u> Miles Direction: <u>W</u> of Nearest Town: <u>Dyers</u>

**Well Data**

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

Date well drilling started: 1-20-05 Date well drilling completed: 1-20-05

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 1-20-05

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

Hole depth: 330 Well depth: 330 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 1/2 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PRC

Screen slot size: .006 inches Setting depth: From 320 feet to 330 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): \_\_\_\_\_  
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.

Dwight Mason 02209  
Print Name of Water Well Contractor and License No.

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: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date completed: 1-20-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A-75  
 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>Steve Pigue</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Red Oak Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>APT</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39501</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>55</u> Rng <u>013W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>804-633</u>	_____ Miles _____ of _____

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>1-21-05</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-21-05</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>Plumbob</u>
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>13</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Dwight Mason 02209  
 Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_

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FEB 04 2005

BY: OLWR