

# Coastal Drilling & Service Co.

## 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 #: B-264  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: Ronnie Mason  
Date drilling completed: 7-24-04

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>Nell Knott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9132 Nell Rd. Saucer, MS.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39574</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>5-S</u> Rng <u>12-W</u>
Telephone No: <u>(601) 324-4821</u>	Distance _____ Direction _____ Nearest Town _____ <u>1.0</u> Miles <u>N</u> of <u>Warren</u> <u>skode</u>

### Well Data

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

Date well drilling started: 7/21/04 Date well drilling completed: 7/21/04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7/22/04

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

Hole depth: 390 Well depth: 390 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 2" inches Type of casing: P.V.C.

Screen length: 10 feet Screen diameter: 2" inches Type of screen: P.V.C.

Screen slot size: .006 inches Setting depth: From 380 feet to 390 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 Red Mason  
Print Name of Water Well Contractor and License No.

Dwight Red Mason  
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)

For Office Use Only:

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

Well #: B 264

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

County: Harrison

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

Driller: Ronnie Maser

Date completed: 7-24-04

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>Nell Knott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9132 Nell Rd</u> <u>Saucin</u> <u>MS 39532</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>55</u> Rng <u>12W</u>
Telephone No. <u>228 324-4821</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>N</u> of <u>West W. H. School</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-24-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plumb cut</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</u> Gallons Per Minute	
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.

<p><u>Dwight Maser</u> <u>0-209</u>                  Print Name of Pump Installer and License No. (if applicable)</p>	<p><u>[Signature]</u>                  Signature of Pump Installer</p>
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