

# Coastal Drilling and Service Co. State Well Report

47

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date drilling completed: 9-27-04

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-267  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Scott Germain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hill Top Hwy 49</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Behind</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>EDI</u>	<u>1/4 1/4 Sec 31 Twn T4S Rng 12W</u>
<u>MDL</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State <u>MS</u> Zip Code <u>39501</u>	<u>E of 49 on FORESTHURST Rd</u>
Telephone No. ( ) <u>323-5491</u>	

Well Data

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

Date well drilling started: 9-27-04 Date well drilling completed: 9-27-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 9-27-04

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

Hole depth: 280 Well depth: 270 Well grouted to a depth of 15 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 270 feet Casing diameter: 4 1/2 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 270 feet to 280 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 0-209  
 Print Name of Water Well Contractor and License No.

[Signature]  
 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: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date completed: 9-27-04

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B-267  
 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>Scott Serrmain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hilltop Hwy 49N</u>	Method of Lat/Long (circle one): Conventional Survey,
Behind <u>Subpart</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39501</u>	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>845</u> Rng <u>12W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) <u>323-5491</u>	<u>0.49</u> Miles of <u>Forestry Rd</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-27-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-27-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>80</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>18</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.

Dwight Mason 0-209 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer