

# 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 #: C-359 047  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Sav  
 Date drilling completed: 9-4-04

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>Nathan Fayard</u>	Latitude: <u>30° 33' 805"</u> Longitude: <u>089° 02' 550"</u>
Mailing Address: <u>Carson Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi MS 39502</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 25 Twn 755 Rng R11W</u>
Telephone No. <u>228-392-0690</u>	Distance: <u>6</u> Miles Direction: <u>SE</u> Nearest Town: <u>Saucre</u>

**Well Data**

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

Date well drilling started: 9-2-04 Date well drilling completed: 9-4-04

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 9-4-04

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

Hole depth: 483 Well depth: 483 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 183' x 4" feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

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

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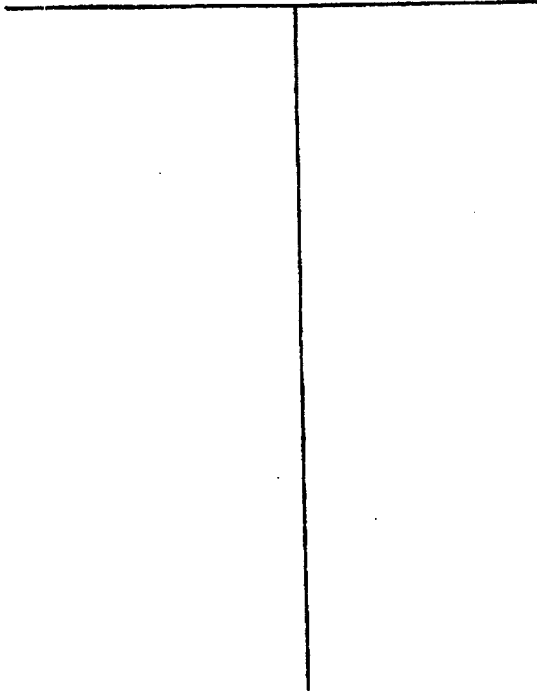
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgdell 0-472 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

C-359

If well telescopes please sketch below and show depths.

Ground Level

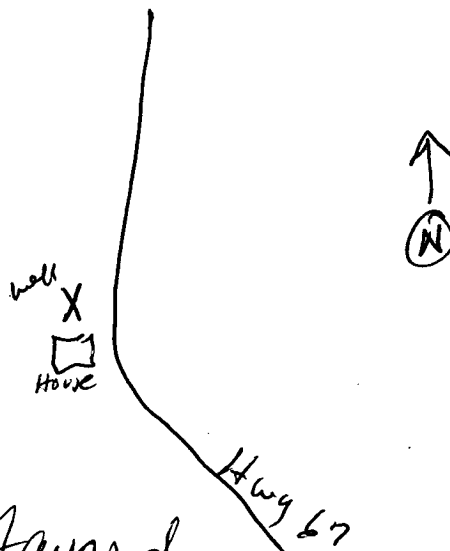


Description of Formations Encountered	From	To
TOP Soil	0	2
Orange Clay	2	20
Brown Coarse Sand	80	100
Blue Clay	100	145
Grey Medium Sand	145	160
Blue Clay	160	480
Grey Medium + Coarse Sand	430	483

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.

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Landowner Name: Nathan Fayard

Jack Ridsdell  
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)

For Office Use Only:

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

Well #: C-359

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

County Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Srv.  
 Date completed: 9-4-04

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>Nathan Fayard</u>	Latitude: <u>30° 33.805"</u> Longitude: <u>089° 02.550"</u>
Mailing Address: <u>Carson Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Biloxi Ms 39532</u>	<u>NG</u> ¼ <u>SW</u> ¼ Sec <u>25</u> Twn <u>T5S</u> Rng <u>R11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228-392-0690</u>	<u>6</u> Miles <u>SE</u> of <u>Savvier</u>

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): <u>1 HP</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>9-6-04</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-6-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>120'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125'</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>5'</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Johnny Elkins \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer