

# 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 #: E-163  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: Ronnie Mason  
Date drilling completed: 7-5-04

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>BA Batson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1999 Community Rd.</u> <u>Pass Christian</u> <u>MS. 39571</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>6S</u> Rng <u>13W</u>
Telephone No: <u>228</u> <u>832-6332</u>	Distance: <u>5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Pass Christian</u>

**Well Data**

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

Date well drilling started: 7-5-04 Date well drilling completed: 7-5-04

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

Static Water Level: 90 feet above or  below (circle one) land surface Date measured: 7-6-04

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 15 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 210 feet Casing diameter: 4x2 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 210 feet to 220 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 0-209  
Print Name of Water Well Contractor and License No.

Dwight Mason  
Signature of Water Well Contractor

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AUG 06 2004  
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 #: E-163

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

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Bonnie Mason  
 Date completed: 7-5-04

**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>B.A. Batsen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1999 Community</u> <u>P.O. Box Christian</u> <u>MS 39571</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>65</u> Rng <u>13W</u>
Telephone No: <u>832-6332</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N</u> of <u>P.C. Ms.</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>
Date Pump Installed: <u>7-6-04</u>	
Rated Pump Capacity: <u>13</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-6-04</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>Plum Bob</u>
Static Water Level (A): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	
Test Pumping Rate: <u>7-6-04</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  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

**RECEIVED**

AUG 12 2004

BY: OLWR