

# 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: H 589  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison

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

Driller: Coast Water Well SRV

Date drilling completed: 2/26/10

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

Owner Name: Linda Allen  
Mailing Address: 16208 Lamey Bridge Rd.  
Biloxi, MS 39532  
City State Zip Code  
Telephone No: (888) 396-0373

### Well Location

Latitude: 30° 30' 51" Longitude: 88° 56' 27"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, (Hand-held GPS) Survey-grade GPS   
NE 51 NW 24 Sec 24 Twn 765 Rng R100  
NW NE  
Distance Direction Nearest Town  
5 Miles NORTH of Biloxi

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 2/26/10 Date well drilling completed: 2/26/10  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 65 feet above or below (circle one) land surface Date measured: 2/26/10  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 147 FT. Well depth: 147 FT. Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 137 feet Casing diameter: 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 137 feet to 147 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

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 Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell  
Signature of Water Well Contractor

MAR 23 2010

270 GUMP

H589

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	2
Orange clay	2	15
Brown coarse sand	15	35
Orange + Blue clay	35	125
Gray medium sand	125	147

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.

Landowner Name: Linda Allen

\_\_\_\_\_  
 Signature of Water Well Contractor

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 BY: OLWP

# 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: HS89  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv.  
 Date completed: 2/26/10

**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>Linda Allen</u>	Latitude: <u>30° 30' 854"</u> Longitude: <u>088° 56' 459"</u>
Mailing Address: <u>116208 Lamey Bridge Rd.</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>NE</u> ¼ <u>NW</u> ¼ Sec <u>24</u> Twn <u>T6S</u> Rng <u>R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 396-0373</u>	<u>5</u> Miles <u>NORTH</u> of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <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>1HP</u>
Date Pump Installed: <u>2/27/10</u>	Setting Depth: <u>80 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/27/10</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

Jack Ridgdell 0-472 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 23 2010  
 BY: C/WR