

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 591
Well #: _____
L. S. Elevation: _____
E-log #: _____

County Harrison

Permit #: _____

Driller: Coast Water Wells SRV.

Date drilling completed: 8/23/10

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 Kevin Broussard
Mailing Address: 5357 Tuxachanie DR.
Biloxi, MS 39532
City State Zip Code
Telephone No. (228) 282-3428

Well Location

Latitude: 30° 31' 34.80" Longitude: 088° 55' 42.42"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NW 1/4 Sec 18 Twn T65 Rng R9W
Distance Direction Nearest Town
3 1/2 Miles No RTT of Biloxi

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8/23/10 Date well drilling completed: 8/23/10
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 8/23/10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 357 FT. Well depth: 357 FT. Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 347 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .004 inches Setting depth: From 347 feet to 357 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 Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

H 591

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	30
White Coarse Sand	30	75
Blue Clay	75	340
Gray Medium Sand	340	357

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: Kevin Broussard

Jan Padden

 Signature of Water Well Contractor

RECEIVED
 10/11/20
 BY: OJWP

H591

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: Coast Water Wells SRV.
 Date completed: 8/23/10

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Kevin Broussard</u>	Latitude: <u>30° 31' 34.80"</u> Longitude: <u>088° 55' 42.42"</u>
Mailing Address: <u>5357 Tuxachanie Dr.</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>SE</u> ¼ <u>NW</u> ¼ Sec <u>18</u> Twn <u>T6S</u> Rng <u>R 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 282-3428</u>	<u>3 1/2</u> Miles <u>North</u> of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8/24/10</u>	Setting Depth: <u>1 HP</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>80 FT. Drop Pipe</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/24/10</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>50</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>24</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): _____ hours	

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

Jack Ridgell 0-472 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

BY: OJUNE