

# Coastal Drilling and Service Co. State Well Report

47

County: Darwin  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date drilling completed: 9-12-04

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 #: J-324  
 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>Roland Pittman</u>             | Latitude: " " " Longitude: " " "                            |
| Mailing Address: <u>25124 Hill Brook Lane</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Pass Christian</u>                         | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| <u>MS 39507</u>                               | <u>1/4 1/4 Sec 35 Twn 7S Rng 13W</u>                        |
| City State Zip Code                           | Distance Direction of Nearest Town                          |
| Telephone No. ( ) <u>896-4529</u>             | <u>2</u> Miles <u>N</u> of <u>Pass Christian</u>            |

**Well Data**

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

Date well drilling started: 9-12-04 Date well drilling completed: 9-12-04

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 9-12-04

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

Hole depth: 440 Well depth: 430 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 430 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 430 feet to 440 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: 9-12-04

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: D-324  
 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>Boland Pittman</u><br><u>25124 Hill Brook</u><br>Mailing Address: <u>off</u> <u>Ross Christian</u><br><u>road</u><br><u>MS 39507</u><br>City State Zip Code<br>Telephone No. ( ) <u>896-4529</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <u>Conventional Survey</u><br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS<br><u>35</u><br><u>1/4</u> Sec <u>25</u> Twn <u>134</u> Rng<br>Distance Direction Nearest Town<br><u>2</u> Miles <u>Both</u> of <u>Ross Christian</u> |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible<br>Bucket <input type="radio"/> Piston <input type="radio"/> Turbine<br>Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>9-12-04</u><br>Rated Pump Capacity: <u>24</u> Gallons Per Minute | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas<br><input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO<br>Windmill <input type="radio"/> Other (specify): _____<br>Horse Power Rating of Motor: <u>2</u><br>Setting Depth: <u>110</u> feet<br>Number of Stages: <u>14</u> |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>9-12-04</u><br>Static Water Level (A): <u>90</u> Feet Below Land Surface<br>Pumping Water Level (B): <u>110</u> Feet Below Land Surface<br>Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface<br>Test Pumping Rate: <u>24</u> Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape<br>Other (specify): <u>Plum Bob</u><br>For flowing well, measured shut in head: _____ feet<br>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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

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