

# 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 #: A 149  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SRV.  
Date drilling completed: 11/2/12

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>Scott Davis</u>	Latitude: <u>30° 40' 52.98"</u> Longitude: <u>088° 47' 51.72"</u>
Mailing Address: <u>Old Biloxi Road</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vancleave, MS 39565</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>21</u> Twn <u>T 45</u> Rng <u>R 8W</u>
Telephone No. <u>228 218-3344</u>	Distance <u>12</u> Miles Direction <u>NW</u> of Nearest Town <u>Vancleave</u>

**Well Data**

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

Date well drilling started: 11/1/12 Date well drilling completed: 11/2/12

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 11/2/12

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

Hole depth: 371 FT Well depth: 371 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 356 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 356 feet to 371 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

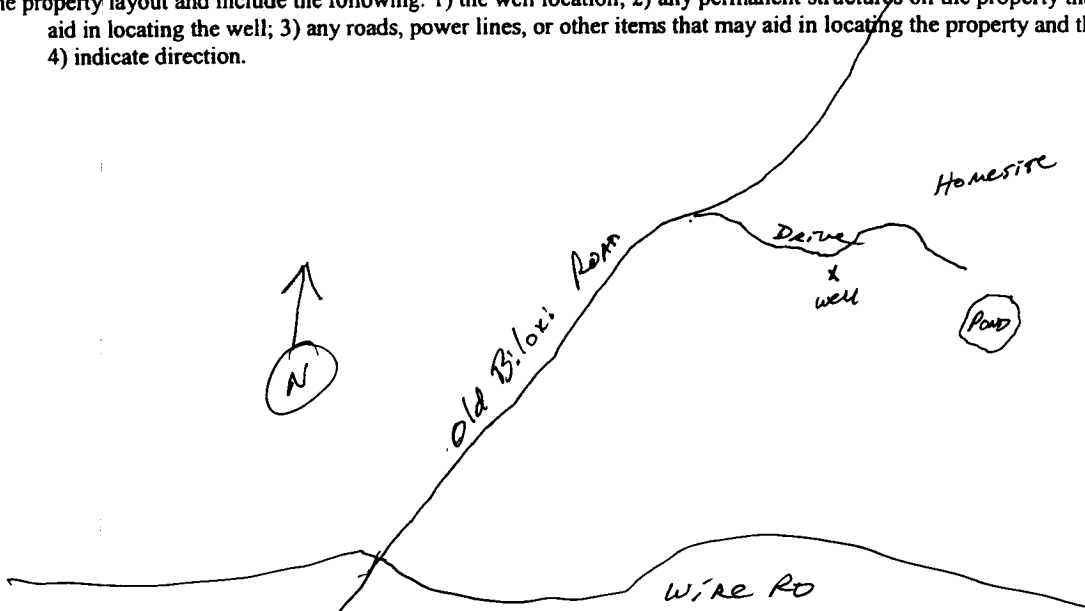
If well telescopes please sketch below and show depths.

Ground Level

[illegible]

**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: SCOTT Davis

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 #: A149

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

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date completed: 11/2/12

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

Owner Name: Scott H. Davis  
Mailing Address: Old Biloxi Road  
Vancleave, MS 39565  
City State Zip Code  
Telephone No. 228-218-3344

### Well Location

Latitude: 30°40'52.98" Longitude: 088°47'51.72"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 SW 1/4 Sec 21 Twn T4S Rng R8W  
Distance Direction Nearest Town  
12 Miles NW of Vancleave

### Pump Type

Circle one

Air Lift ☒ Jet ☐ Submersible  
Bucket ☐ Piston ☐ Turbine  
Centrifugal ☐ Rotary ☐ Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 12/1/12  
Rated Pump Capacity: 9 Gallons Per Minute

### Power Type

Circle one

Diesel Engine ☐ Gasoline Engine ☐ Natural Gas  
☒ Electric Motor ☐ Hand ☐ Tractor PTO  
Windmill ☐ Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 2 HP  
Setting Depth: 100 FT. Drop Pipe feet  
Number of Stages: 3

### Pump Test Data

Date Well Tested: 12/1/12  
Static Water Level (A): 85 Feet Below Land Surface  
Pumping Water Level (B): N/A Feet Below Land Surface  
Drawdown [(B) - (A)]: N/A Feet Below Land Surface  
Test Pumping Rate: 9 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 5 1/2 hours

### Method of Measuring Water Level

Circle one

☒ Air Line ☐ Electric Measuring Line ☐ Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: N/A feet  
Well yielded 20 GPM with a drawdown of  
N/A feet after N/A hours of pumping

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)

Jack Ridgell  
Signature of Pump Installer