

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: D 365
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv
Date drilling completed: 5/16/12

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>Alton Robichaux</u>	Latitude: <u>30° 36' 27.4"</u> Longitude: <u>88° 51' 28.2"</u>
Mailing Address: <u>18309 Larue Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Ocean Springs, Ms 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>50 1/4 N 10 1/4 Sec 24 Twn T5S Rng R9W</u>
Telephone No. <u>601-238-1174</u>	NE SE Direction Nearest Town <u>6 Miles NORTH of LATIMER</u>

Well Data

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

Date well drilling started: 5/16/12 Date well drilling completed: 5/16/12

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

Static Water Level: 100 feet above below (circle one) land surface Date measured: 5/16/12

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

Hole depth: 518 FT. Well depth: 518 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 503 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 503 feet to 515 ⁵¹⁸ 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 JUN 6 2012
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 #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Drilled: Coast Water Wells, S.V.
 Date completed: 5/16/12

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	Well Location
Owner Name: <u>Alton Robichaux</u> Mailing Address: <u>18309 Larue Rd.</u> <u>Ocean Springs, Ms 39565</u> City State Zip Code Telephone No. <u>228 238-1174</u>	Latitude: <u>30°36'27.42"</u> Longitude: <u>088°51'2.82"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 24 Twn T5S Rng R9W</u> Distance Direction Nearest Town <u>6 Miles NORTH of LATIMER</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5/17/12</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2 HP</u> Setting Depth: <u>120 FT. Drop Pump</u> feet Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/17/12</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>22</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping

RECEIVED

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Jack Riddell 0-472
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Jack Riddell
 JUN 6 2012 BY OLWF