

# 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 #: E-105  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc  
Date drilling completed: 6-17-05

**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>Dave Cleland</u>	Latitude: <u>30° 36' <sup>15</sup> 259" N</u> Longitude: <u>088° 50' <sup>46</sup> 763" W</u>
Mailing Address: <u>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
City: _____ State: _____ Zip Code: _____	<u>SW</u> <u>SW</u> <u>SE</u> 1/4 <u>N</u> 1/4 Sec <u>27</u> Twn <u>T5S</u> Rng <u>R9W</u>
Telephone No. <u>228 860-1167</u>	Distance: <u>2</u> Miles Direction: <u>SOUTH</u> of Nearest Town: <u>LARUE</u>

**Well Data**

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

Date well drilling started: 6-16-05 Date well drilling completed: 6-17-05

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

Static Water Level: 90 feet above or (below) (circle one) land surface Date measured: 6-17-05

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

Hole depth: 506' Well depth: 506' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 496 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 496 feet to 506 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

RECEIVED

JUN 27 2005

BY: OLWR

If well telescopes please sketch below and show depths.

E-105

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	30
Brown Coarse Sand	30	30
Orange + Blue Clay	30	90
Brown Coarse Sand	90	110
Blue Clay	110	492
Gray Medium Sand	492	500

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: Dave Cleland

  
 Signature of Water Well Contractor

**RECEIVED**  
 JUN 27 2005  
 BY: OLWR

# 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: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 6-17-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E105  
 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>Dave Cleland</u>	Latitude: <u>30°36'25.9"</u> Longitude: <u>088°50'76.3"</u>
Mailing Address: <u>Larue Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs MS 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 34 Twn 75 S Rng R9 W</u>
Telephone No. <u>(228) 860-1167</u>	Distance <u>1.2</u> Miles Direction <u>SW</u> Nearest Town <u>Larue</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	<u>Electric Motor</u> <input checked="" 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>2 HP</u>
Date Pump Installed: <u>8-19-05</u>	Setting Depth: <u>120 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

RECEIVED  
 SEP 30 2005  
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-19-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>90</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>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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>5 1/2</u> hours	

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

David Moye 0-714P David moye  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer