

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-109
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well serv.

Date drilling completed: 2-25-06

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: Charlotte Shirey

Mailing Address: 15600 Shirey Rd.

Ocean Springs Ms 39565
City State Zip Code

Telephone No. 228-392-6037

Well Location

Latitude: 30° 34' 16.9" Longitude: 088° 52' 52.6"

Method of Lat/Long (circle one): Conventional Survey, 10

USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 NE 1/4 Sec 34 Twn 755 Rng R9W

Distance Direction Nearest Town
3 Miles North of LATIMER

Well Data

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

Date well drilling started: 2-24-06 Date well drilling completed: 2-25-06

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 2-25-06

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

Hole depth: 215' Well depth: 215' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PK

Screen slot size: .008 inches Setting depth: From 205 feet to 215 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

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MAR 23 2006

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 Wells SRV.
 Date completed: 2-25-06

For Office Use Only:

Aquifer: _____
 Well #: E-109
 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>Charlotte Shirey</u>	Latitude: <u>30° 34' 16.9"</u> Longitude: <u>088° 52' 52.0"</u>
Mailing Address: <u>15600 Shirey 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> ¼ <u>NE</u> ¼ Sec <u>34</u> Twn <u>T55</u> Rng <u>R9W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>North</u> of <u>Last mer</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>2-28-06</u>	Setting Depth: <u>80 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-28-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>55</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>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</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>17</u> hours	

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

John Elkins 0-716P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 23 2006

BY: OLWR