

# 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-155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 6-13-08

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>Kelly Parker</u>	Latitude: <u>30° 34' 53.0"</u> Longitude: <u>088° 52' 635.0"</u>
Mailing Address: <u>16100 Old Biloxi Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Ocean Springs, MS 39565</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 27 Twn T55 Rng R9W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>8 1/2</u> Miles Direction: <u>NORTH</u> of Nearest Town: <u>Ocean Springs</u>
Telephone No. <u>228 860-7978</u>	

### Well Data

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

Date well drilling started: 6-12-08 Date well drilling completed: 6-13-08

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: 6-13-08

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

Hole depth: 222 FT Well depth: 222 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 212 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 212 feet to 222 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

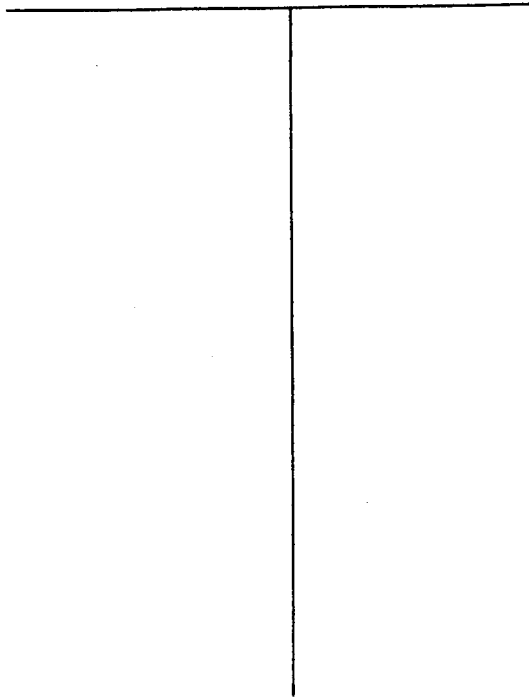
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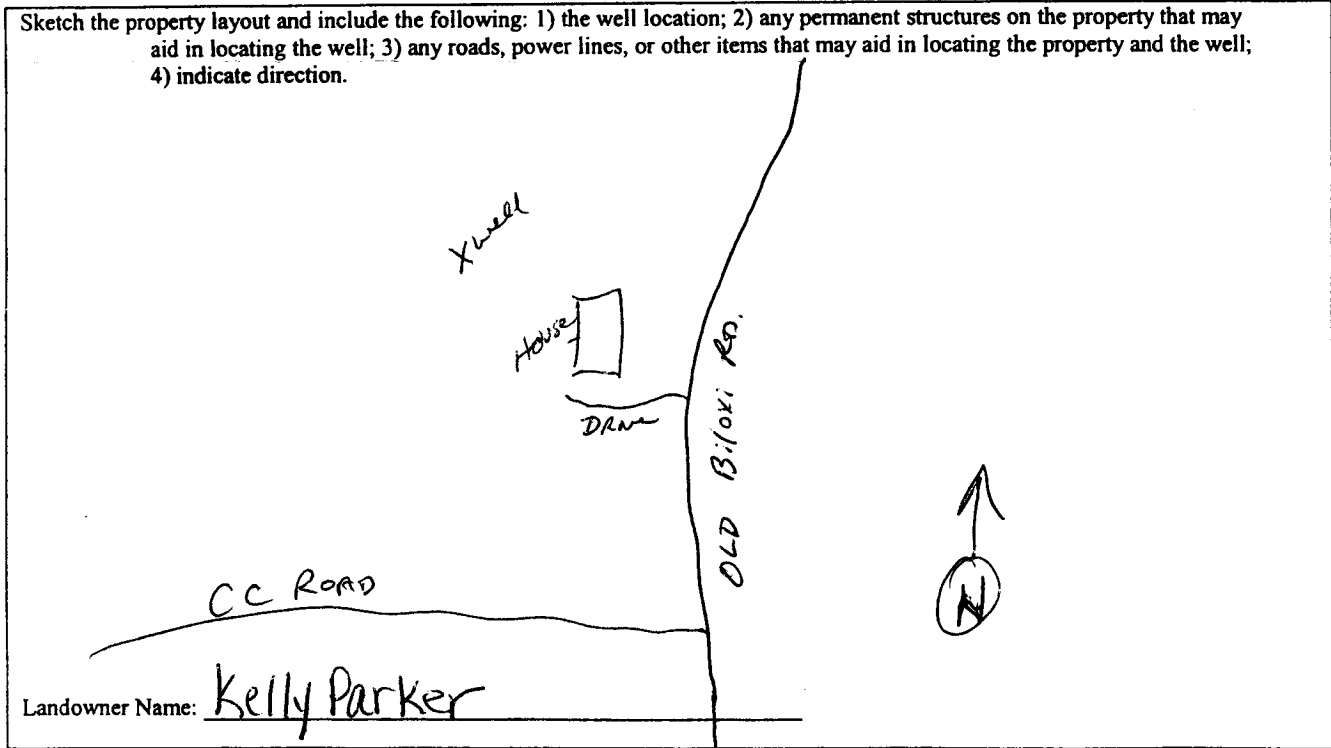
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange Clay	2	34
Orange Coarse Sand	34	52
Blue clay w/ streaks of Sand	52	194
Gray Fine to Medium Sand	194	200

If more than one screen, show location of each on sketch



*[Signature]*  
 Signature of Water Well Contractor

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# 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 & S  
 Date completed: 6-13-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-155  
 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**

Owner Name: Kelly Parker  
 Mailing Address: 16100 Old Biloxi Rd.  
Ocean Springs Ms 39565  
City State Zip Code  
 Telephone No. (228) 860-7978

**Well Location**

Latitude: 30° 34' 53.0" Longitude: 088° 52' 63.5"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS Survey-grade GPS  
NE 1/4 SW 1/4 Sec 27 Twn T55 Rng R9W  
 Distance Direction Nearest Town  
8 1/2 Miles NORTH of Ocean Springs

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6-16-08  
 Rated Pump Capacity: 10 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: 1HP  
 Setting Depth: 140FT. Drop pipe feet  
 Number of Stages: 10

**Pump Test Data**

Date Well Tested: 6-16-08  
 Static Water Level (A): 90 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: 12 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 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 30 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 Ridgdell 0-472 Jack Ridgdell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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