

# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv  
 Date drilling completed: 1/22/10

**For Office Use Only:**

Aquifer: E 171  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>William Webb</u>	Latitude: <u>30° 38' 44.5"</u> Longitude: <u>88° 49' 59.1"</u>
Mailing Address: <u>Old Biloxi Rd.</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Vancleave, MS 39565</u>	USGS quad: <u>NW 1/4 S65 1/4 Sec 6 OK - wn T5S R2W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1 1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>LARUE</u>
Telephone No. <u>228 826-2387</u>	

**Well Data**

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

Date well drilling started: 1/20/10 Date well drilling completed: 1/22/10

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

Static Water Level: 600 feet above or  below (circle one) land surface Date measured: 1/22/10

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

Hole depth: 660 FT. Well depth: 660 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 645 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 645 feet to 660 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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FEB 11 2010

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)

For Office Use Only:

Aquifer: E 171  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wellserv.  
 Date completed: 1/22/10

**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>William Webb</u>	Latitude: <u>30° 38' 44"</u> Longitude: <u>088° 49' 8.91"</u>
Mailing Address: <u>Old Biloxi Rd.</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 1/4 SW 1/4 Sec 6 Twn T55 Rng R8W</u>
Telephone No. <u>228 826-2387</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles NE of 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	<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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>1/25/10</u>	Setting Depth: <u>80FT. DROP PIPE</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/25/10</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>60</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>24</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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 1/4</u> hours	

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

Jack Riddell 0472  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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