

# 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: E176  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 12/30/10

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>Jackson County Maintenance</u>	Latitude: <u>30° 37' 27.9"</u> Longitude: <u>88° 50' 53.04"</u>
Mailing Address: <u>Larue Community Center</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs, Ms 39565</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>12</u> Twn <u>T55</u> Rng <u>R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 769-3257</u>	<u>1.2</u> Miles of <u>LARUE</u>

### Well Data

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

Date well drilling started: 12/27/10 Date well drilling completed: 12/30/10

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 12/30/10

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

Hole depth: 786 FT. Well depth: 786 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300' x 4" PVC Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 766 feet to 786 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

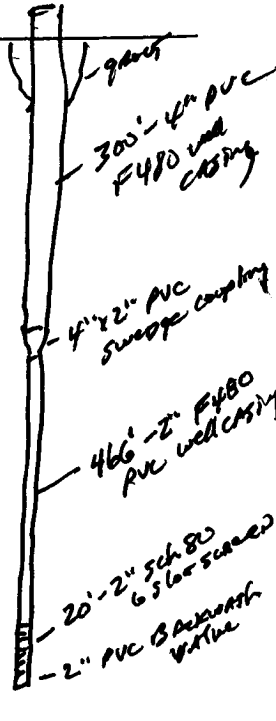
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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Orange clay	0	10
Orange coarse sand	10	20
Blue clay	20	70
Orange coarse sand	70	120
Blue clay	120	237
Gray medium to coarse sand	237	280
Blue clay	280	381
Gray coarse sand	381	395
Blue clay w/ streaks of sand	395	755
Gray coarse sand	755	786

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: Jackson County Maintenance

*Jack Rudeen*  
 \_\_\_\_\_  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV.  
 Date completed: 12/30/10

**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>Jackson County Maintenance</u>	Latitude: <u>30°37'27.90"</u> Longitude: <u>088°50'53.04"</u>
Mailing Address: <u>Larue Community Center</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs, MS 39565</u>	<u>Nw</u> 1/4 <u>Sw</u> 1/4 Sec <u>12</u> Twn <u>T35</u> Rng <u>R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228-769-3257</u>	<u>1N</u> Miles <u>—</u> of <u>Larue</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>1-10-11</u>	Setting Depth: <u>160 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>11.5</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-10-11</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>95</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>35</u> GPM with a drawdown of
Test Pumping Rate: <u>11.5</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.

Jack Ridgdell 0-472 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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