

# 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 #: G 157  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson 059  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Srv.  
Date drilling completed: 11-12-04

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>JACK HAMILTON, JR</u>	Latitude: <u>30° 35' 44.9"</u> Longitude: <u>88° 33' 53.3"</u>
Mailing Address: <u>Andrew Cumbest Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Moss Point Ms. 39562</u>	USGS quad, <u>SW 1/4 SW 1/4 Sec 23</u> Twn <u>75S</u> Rng <u>R6W</u>
City State Zip Code	SE
Telephone No. <u>(228) 218-4422</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>South</u> of <u>WADE</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-11-04</u> Date well drilling completed: <u>11-12-04</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>flow stop</u>	
Static Water Level: <u>45</u> feet above or below (circle one) land surface Date measured: <u>11-12-04</u>	
Method of Measurement (circle one) <u>air line</u> steel tape electric tape other: _____	
Hole depth: <u>180'</u> Well depth: <u>180'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>170</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>170</u> feet to <u>180</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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

original (see bill)



# 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 #: 6-157

Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wellsrv  
 Date completed: 11-12-04

**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>Jack Hamilton, Jr</u>	Latitude: <u>30°35'44"</u> Longitude: <u>088°33'55"</u>
Mailing Address: <u>Andrew Cumbest RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Moss Point Ms 39562</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 23 Twn T5S Rng R6W</u>
Telephone No. <u>(228) 218-4422</u>	Distance Direction Nearest Town <u>3 1/2 Miles South of Wade</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): <u>1 HP</u>	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11-16-04</u>	Setting Depth: <u>Drop pipe 60 feet</u>
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-16-04</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>45'</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>8</u> GPM with a drawdown of
Test Pumping Rate: <del>8</del> <u>8</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>6</u> hours	

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

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

[Signature]  
 Signature of Pump Installer