

# 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-16.7  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 1-23-06

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                         | Well Location  |
|--|--|
| Owner Name: <u>Jimmy Davis</u>                 | Latitude: <u>30° 37' 22"</u> Longitude: <u>88° 34' 09"</u>                     |
| Mailing Address: <u>2601 Gladys Watkins Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>16</u>                |
| <u>Miss Point MS</u> <u>395102</u>             | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS                               |
| City State Zip Code                            | <u>SE 1/4 SE 1/4 Sec 10</u> Twn <u>T55</u> Rng <u>R6W</u>                      |
| Telephone No. <u>(228) 588-3849</u>            | Distance <u>1 1/2</u> Miles Direction <u>South of</u> Nearest Town <u>Wade</u> |

**Well Data**

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

Date well drilling started: 1-23-06 Date well drilling completed: 1-23-06

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

Static Water Level: 20 feet above of below (circle one) land surface Date measured: 1-23-06

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

Hole depth: 378 Well depth: 378 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 368 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 368 feet to 378 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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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 Wellsrv  
 Date completed: 1-23-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-167  
 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>Jimmy Davis</u>                  | Latitude: <u>30° 37' 27.2" N</u> Longitude: <u>088° 34' 07.9" W</u>       |
| Mailing Address: <u>2601 Gladys Watkins Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>Moss Point MS. 39562</u>                     | USGS quad, <u>SE 1/4 SE 1/4 Sec 10 Twn T55 Rng R6W</u>                    |
| City State Zip Code                             | Distance Direction Nearest Town   |
| Telephone No. <u>(228) 588-3849</u>             | <u>1 1/2</u> Miles <u>South</u> of <u>WAOE</u>                            |

| Pump Type<br>Circle one   | Power Type<br>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>1 HP</u>   |
| Date Pump Installed: <u>1-24-06</u>   | Setting Depth: <u>40 Ft Drop Pipe</u> feet   |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute                                | Number of Stages: <u>2</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>1-24-06</u>                            | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>20</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>9</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>9</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</u> hours     |  |

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

Johnny Elkins 0-21160 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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