

# State Well Report

## Part I

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: 6207  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellserv.  
Date drilling completed: 3/31/10

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>Laura Reynolds</u>	Latitude: <u>30° 37' 41.5"</u> Longitude: <u>088° 32' 48"</u>
Mailing Address: <u>DWI Drive</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>24</sup> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Noss Point, MS 39562</u> City State Zip Code	NW 1/4 SW 1/4 Sec <u>72</u> Twn <u>T5S</u> Rng <u>R6W</u>
Telephone No. <u>228-641-0853</u>	Distance <u>1 3/4</u> Miles Direction <u>SOUTH</u> of Nearest Town <u>WADE</u> <u>EAST</u>

**Well Data**

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

Date well drilling started: 3/31/10 Date well drilling completed: 3/31/10

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 3/31/10

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

Hole depth: 50 FT. Well depth: 50 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 40 feet to 50 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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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 Wells Serv  
 Date completed: 3/31/10

**For Office Use Only:**

Aquifer: G 207  
 Well #: \_\_\_\_\_  
 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: Laura Reynolds  
 Mailing Address: 3428 Owl Drive  
Miss Point MS 39562  
City State Zip Code  
 Telephone No. (228) 588-0176  
(228) 641-0853

**Well Location**

Latitude: 30° 37' 41.3" Longitude: 088° 32' 80.3"  
 Method of Lat/Long (circle one): Hand-held GPS  
 USGS quad,  Hand-held GPS,  Survey-grade GPS  
NW 1/4 SW 1/4 Sec 12 Twn T55 Rng R6W  
 Distance Direction Nearest Town  
1 3/4 Miles South of Wade  
EAST

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-23-10  
 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: 1 HP  
 Setting Depth: SOFT Drop Pipe feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: 4-23-10  
 Static Water Level (A): 10 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: 10 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 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 18 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 Ridgell 0-472 Jane Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 21 2010  
 BY: OLIVER