

# 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 #: H-131  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SRV.  
Date drilling completed: 2-10-07

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>Terry Bell</u>               |  | Latitude: <u>30° 35' 42.7"</u>                        | Longitude: <u>88° 27' 28.0"</u>                     |
| Mailing Address: <u>Rayford Shumock Rd.</u> |  | Method of Lat/Long (circle one): <u>Hand-held GPS</u> |   |
| <u>Misspoint, MS 39562</u>                  |  | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS      |   |
| City: _____ State: _____ Zip Code: _____    |  | <u>SE 1/4 NE 1/4 Sec 23 Twn T55 Rng R5W</u>           |   |
| Telephone No. <u>(228) 588-2303</u>         |  | Distance: <u>5</u> Miles                              | Direction: <u>SE</u> of Nearest Town: <u>Hurley</u> |

| Well Data   |   |
|---|---|
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____               |   |
| Date well drilling started: <u>2-5-07</u>   | Date well drilling completed: <u>2-10-07</u>                      |
| If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____  |   |
| Static Water Level: <u>0</u> feet above or <u>below</u> (circle one) land surface                                     | Date measured: <u>2-10-07</u>                                     |
| Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____                              |   |
| Hole depth: <u>415'</u>   | Well depth: <u>415'</u> Well grouted to a depth of <u>10</u> feet |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |   |
| Casing length: <u>405</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>.006</u> inches Setting depth: From <u>405</u> feet to <u>415</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: _____ 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  
**RECEIVED**  
MAR 05 2007

BY: OLWF



# 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 #: H-131

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

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well SRV.  
 Date completed: 2-6-07

**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>Terry Bell</u>                     | Latitude: <u>30° 35' 987</u> Longitude: <u>088° 27' 260</u> "                |
| Mailing Address: <u>Rayford Shumock Rd.</u>       | Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>12</u>    |
| <u>Misspoint, MS 39562</u><br>City State Zip Code | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                           |
| Telephone No. <u>(601) 588-2303</u>               | <u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>23</u> Twn <u>T55</u> Rng <u>R5W</u>      |
|   | Distance Direction Nearest Town<br><u>5</u> Miles <u>SE</u> of <u>Husley</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>1/2 HP</u>   |
| Date Pump Installed: <u>2-7-07</u>  | Setting Depth: <u>30 ft. drop pipe</u> feet  |
| Rated Pump Capacity: <u>8</u> Gallons Per Minute                                | Number of Stages: <u>1</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>2-7-07</u>                             | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>0</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: <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>4</u> hours     |  |

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

Jack Bidgdele 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Bidgdele  
 Signature of Pump Installer

**RECEIVED**

MAR 05 2007

BY: OLWF