

# 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: \_\_\_\_\_  
Well #: H187  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson

Permit #: \_\_\_\_\_

Driller: Coast Water Wells Inc

Date drilling completed: 5-29-09

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

Owner Name: Jamie Sullivan  
Mailing Address: 7301 Worth Goff Rd.  
Miss Point, Ms 39156  
City State Zip Code  
Telephone No: (601) 588-3887

### Well Location

Latitude: 30° 35' 31" Longitude: 088° 37' 20"  
Method of Lat/Long (circle one): SC Conventional Survey, 14'  
USGS quad, Hand-held GPS Survey-grade GPS  
SE 1/4 NW 1/4 Sec 21 Twn T55 Rng R5W  
SW NE  
Distance Direction Nearest Town  
1 Miles NORTH of Big Point

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5/29/09 Date well drilling completed: 5/29/09  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5/29/09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 72 FT Well depth: 72 FT Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 62 feet Casing diameter: 2 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: .004 inches Setting depth: From 62 feet to 72 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

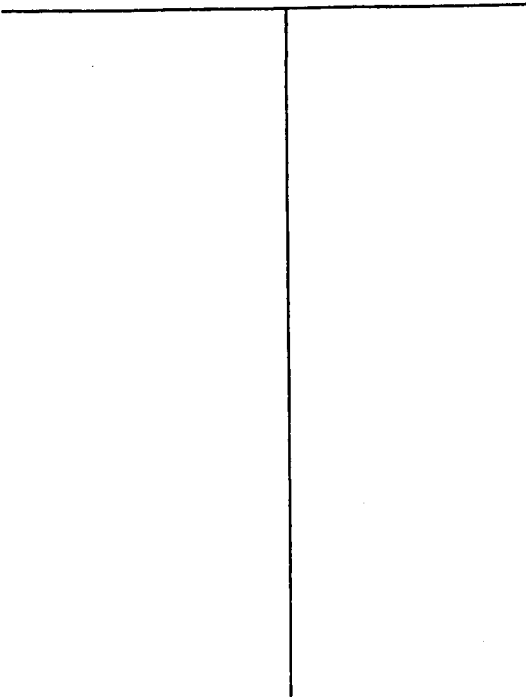
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BY: OLWR

If well telescopes please sketch below and show depths.

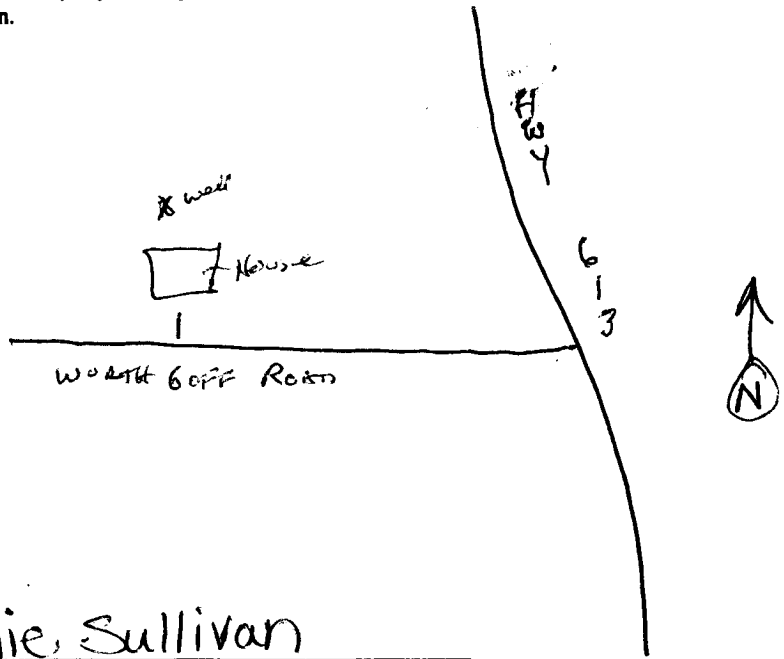
Ground Level



Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange clay	2	15
White coarse sand	15	72

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: Jamie Sullivan

*Jamie Sullivan*  
 \_\_\_\_\_  
 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 #: H187  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv  
 Date completed: 5-29-09

**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>Jamie Sullivan</u>	Latitude: <u>30°35'831"</u> Longitude: <u>088°29'226"</u>
Mailing Address: <u>7301 Worth Goff Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Miss Point, MS 39562</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 21 Twn T55 Rng R5W</u>
Telephone No. <u>228 588-3881</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>North</u> of <u>B.G Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>5/30/09</u>	Setting Depth: <u>66 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/30/09</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</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>16</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</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>4</u> hours	

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

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

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