

# 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)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv.  
 Date drilling completed: 8-7-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H188  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Mike Byrd</u>	Latitude: <u>30° 37' 15.1"</u> Longitude: <u>088° 26' 08.3"</u>
Mailing Address: <u>Hwy 614</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mass Point, MS 39562</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>12</u> Twn <u>T55</u> Rng <u>R5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3 1/2</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Hurley</u>
Telephone No. ( ) _____	<u>SOUTHEAST</u>

**Well Data**

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

Date well drilling started: 8-7-09 Date well drilling completed: 8-7-09

If flowing, method of flow regulation: Valve Hose 6.6b Other (describe) Flow Rate APPROX 86PM

Static Water Level: 0 feet above below (circle one) land surface Date measured: 8-7-09

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

Hole depth: 147 FT Well depth: 147 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 137 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 137 feet to 147 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

**RECEIVED**

AUG 12 2009

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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H158  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells, Inc.  
 Date completed: 8-7-09

**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>Mike Byrd</u>	Latitude: <u>30° 37' 05.1"</u> Longitude: <u>088° 26' 08.3"</u>
Mailing Address: <u>Hwy 614</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
<u>Miss Point, MS 39562</u>	USGS quad: <u>SW 1/4 NE 1/4 Sec 12 Twn 15S Rng R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3 1/2</u> Miles <u>ESE</u> of <u>Hurley</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <u>Jet</u> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket: Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal: Rotary <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>8-7-09</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-7-09</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>0</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>+1</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>40</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 Ridgell 0-472 Jack Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 12 2009  
 BY: OLWR