

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: H 207
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 5/20/11

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>Tim Martin</u>	Latitude: <u>30° 35' 26.52"</u> Longitude: <u>088° 31' 41.94"</u>
Mailing Address: <u>Pipeline Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Moss Point, MS 39562</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 30 Twn T5S Rng R5W</u>
Telephone No. <u>601-217-1702</u>	Distance <u>4 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>WADE</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>PRIVATE POND WELL</u>	
Date well drilling started: <u>5/20/11</u>	Date well drilling completed: <u>5/20/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>10</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>5/20/11</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>84 FT.</u> Well depth: <u>84 FT.</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>64</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>010</u> inches Setting depth: From <u>64</u> feet to <u>84</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: <u>N/A</u> 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.

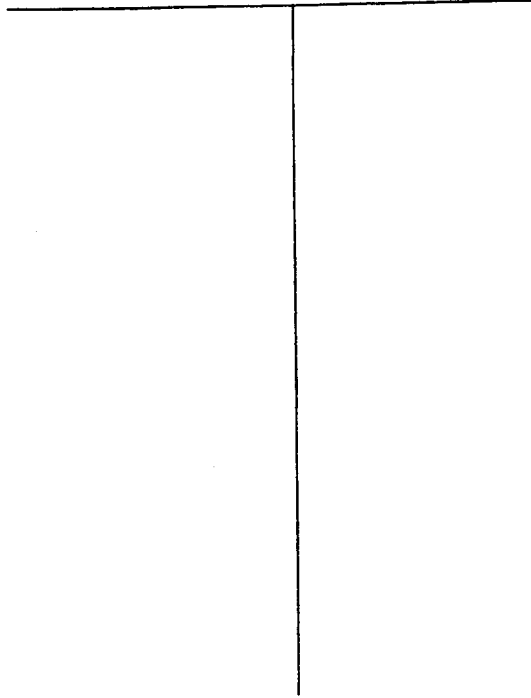
Jack Ridgdell
Signature of Water Well Contractor

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H207

If well telescopes please sketch below and show depths.

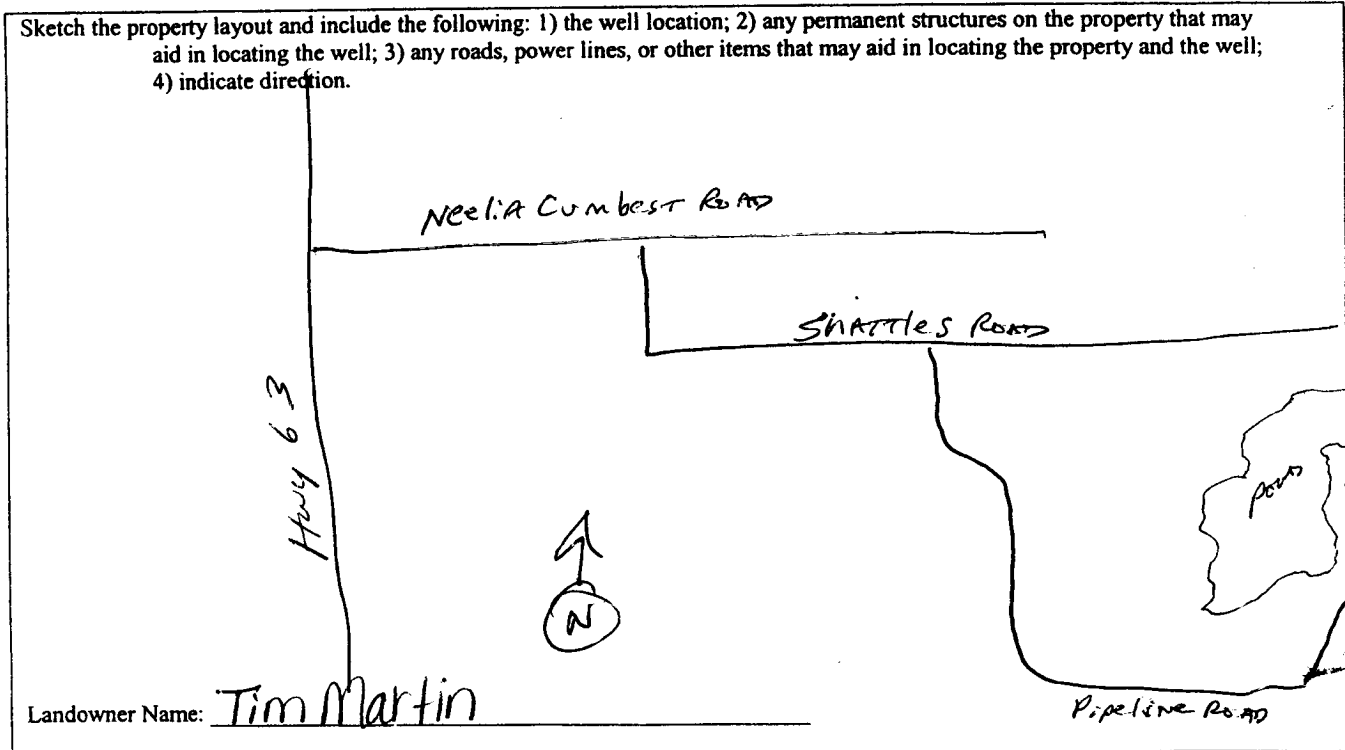
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	10
White Coarse Sand	10	30
Blue Clay	30	50
White Coarse Sand w/pea gravel	50	84

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.




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 #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Drilled: Coast Water Well Serv.
 Date completed: 5/20/11

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>Tim Martin</u>	Latitude: <u>30°35'26.52"</u> Longitude: <u>088°31'41.94"</u>
Mailing Address: <u>Pipeline Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Miss Point, MS 39562</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 30 Twn T55 Rng R5W</u>
Telephone No. <u>228 217-1702</u>	Distance Direction Nearest Town <u>4 1/2</u> Miles <u>SE</u> of <u>WADE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 H.P.</u>
Date Pump Installed: <u>5/26/11</u>	Setting Depth: <u>60 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/26/11</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</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>100⁺</u> GPM with a drawdown of
Test Pumping Rate: <u>70</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>6</u> hours	

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

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

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 BY: OLIVER