

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 #: J-335 059
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastal Water Well Serv
Date drilling completed: 8-19-04

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>John Massey</u>	Latitude: <u>30° 31' 39.6"</u> Longitude: <u>088° 49' 12.8"</u>
Mailing Address: <u>13204 Hedgecote Lane</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs Ms. 39565</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 18 Twn T65 Rng R8W</u>
Telephone No. <u>(228) 392-8747</u>	Distance Direction Nearest Town <u>5 Miles North of Ocean Springs</u>

Well Data

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

Date well drilling started: 8-18-04 Date well drilling completed: 8-19-04

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

Static Water Level: 55' feet above or below (circle one) land surface Date measured: 8-19-04

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

Hole depth: 410' Well depth: 410' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC SCH 80 SAWN

Screen slot size: .006 inches Setting depth: From 400 feet to 410 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

RECEIVED
SEP 16 2004
BY OLWR

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.

[Signature]
Signature of Water Well Contractor

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 #: J-335

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coastal Water Wells Sw

Date completed: 8-19-04

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>John Massey</u>	Latitude: <u>30° 31.396</u> Longitude: <u>088° 49.728</u>
Mailing Address: <u>13204 Hedgecote Lane</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Ocean Springs Ms. 39565</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 18 Twn 76S Rng R8W</u>
Telephone No. <u>(228) 392-8747</u>	Distance Direction Nearest Town <u>5 Miles NORTH of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <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 Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 HP Goulds</u>	Horse Power Rating of Motor: <u>1</u> RECEIVED
Date Pump Installed: <u>8-20-04</u>	Setting Depth: <u>80' drop pipe feet</u> SEP 16 2004
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>2</u> BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-19-04</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>55'</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>7.5</u> GPM with a drawdown of _____
Test Pumping Rate: <u>7.5</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID MOYE
Print Name of Pump Installer and License No. (if applicable)

David Moyer
Signature of Pump Installer