

# 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-356  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson 059  
Permit #: \_\_\_\_\_  
Driller: M+M Well  
Date drilling completed: Sept 9  
M+M WELL SERVICE

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>Andy Mc Dermott</u>	Latitude: <u>30.29.140"</u> Longitude: <u>88.50.183"</u>
Mailing Address: <u>13605 Pine Ave</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>11</u>
<u>Ocean Springs</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
<u>Mo. 39564</u>	<u>NE 1/4 NE 1/4 Sec. 36 Twn 65 Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 424-2083</u>	<u>5</u> Miles <u>North</u> of <u>Ocean Springs</u>

### Well Data

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

Date well drilling started: Sept 9, 04 Date well drilling completed: Sept 10, 04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 30 feet above of below (circle one) land surface Date measured: Sept 10, 04

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

Hole depth: 255 Well depth: 255 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 245 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 245 feet to 255 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: \_\_\_\_\_ 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): \_\_\_\_\_

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.

G Lew Madden 0563

Alan Maddox

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

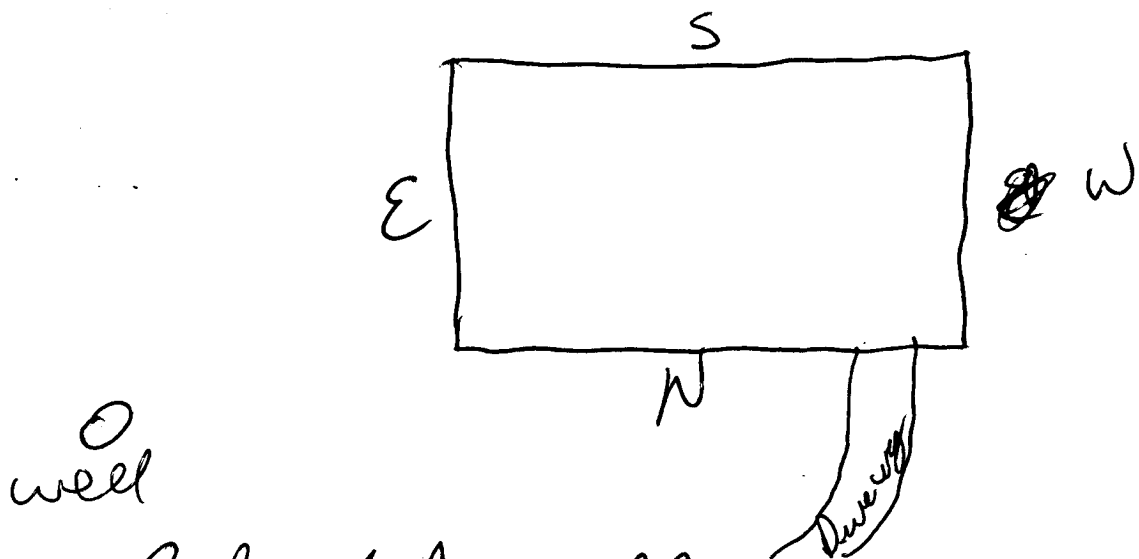
J-336

Ground Level

Description of Formations Encountered	From	To
clay	0	18
white clay	18	45
sand	45	60
gray clay	60	80
green clay	80	240
sand	240	255

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: Andy McDermott

Alan M. ...  
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 #: J-336

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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: M+M well  
 Date completed: ~~9-7-04~~  
9-10-04

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>Andy Mc Dermott</u>	Latitude: <u>30°29.140'</u> Longitude: <u>88°50.183'</u>
Mailing Address: <u>13605 Pine Ave</u> <u>Ocean Springs</u> <u>Ms. 39564</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE ¼ NE ¼ Sec 36 Twn 06S Rng 09W</u>
Telephone No. <u>228 424-2083</u>	Distance Direction Nearest Town <u>5 Miles South of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>Sept 10, 04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>Pump Bob</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Glen Madden 0-563  
 Print Name of Pump Installer and License No. (if applicable)

Glen Madden  
 Signature of Pump Installer

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