

# 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-357  
L. S. Elevation: 49  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 5-31-05

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: Donald Page  
Mailing Address: 11817 Jim Ramsey Cutoff  
Ocean Springs MS 39565  
City State Zip Code  
Telephone No. 228-892-8431

### Well Location

Latitude: 30° 30' 50" Longitude: 88° 50' 30"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, (Hand-held GPS) Survey-grade GPS  
N<sup>1</sup>/W 1/4 NE 1/4 Sec 24 Twn T6S Rng R9W  
Distance 9 Miles Direction West of Nearest Town Vandevan

### Well Data

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

Date well drilling started: 5-31-05 Date well drilling completed: 5-31-05

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: 5-31-05

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

Hole depth: 220' Well depth: 220' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 205 feet to 220 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



# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Const Water Wells Serv  
 Date completed: 5-31-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-357  
 Elevation: \_\_\_\_\_

**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>Donald Page</u> RD.	Latitude: <u>30°32'833"</u> Longitude: <u>088°50'300"</u>
Mailing Address: <u>11817 Jim Ramsey Cutoff</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Ocean Springs MS 39565</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 24 Twn 76S Rng R9W</u>
Telephone No. <u>228 392-8431</u>	Distance Direction Nearest Town <u>9</u> Miles <u>W</u> of <u>Vandevan</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 <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>6-1-05</u>	Setting Depth: <u>60 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-1-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line Steel Tape
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>8.5</u> GPM with a drawdown of
Test Pumping Rate: <u>8.5</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>5</u> hours	

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

John Elkins 0-716P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer