

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-495
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 3-5-08

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>Dennis Sigur</u>	Latitude: <u>30° 30' 35" N</u> Longitude: <u>88° 50' 34" W</u>
Mailing Address: <u>11025 Stiglor Hill RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs MS 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>24</u> Twn <u>76S</u> Rng <u>R9W</u>
Telephone No. <u>228 860-2947</u>	Distance <u>3 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Ocean Springs</u>

Well Data

Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-5-08 Date well drilling completed: 3-5-08
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 3-5-08
Method of Measurement (circle one) steel tape electric tape (air line) other: _____
Hole depth: 208 FT. Well depth: 208 FT. Well grouted to a depth of 10 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 198 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .004 inches Setting depth: From 198 feet to 208 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

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APR 08 2008

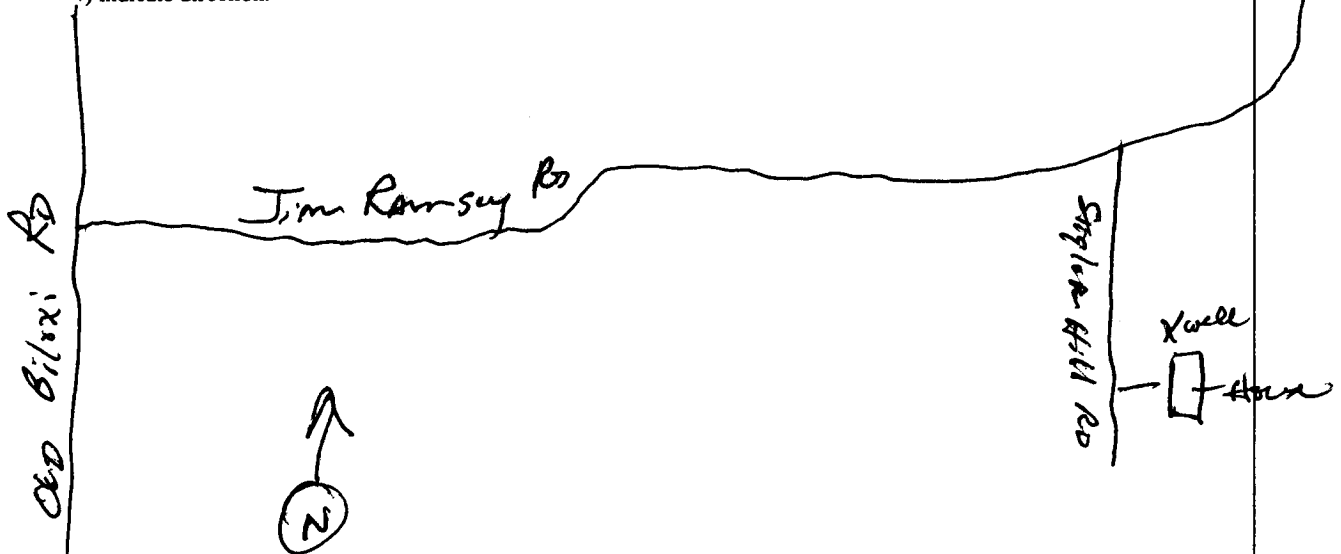
BY: OLWR

If well telescopes please sketch below and show depths.


[illegible]

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: Dennis Sigur


Signature of Water Well Contractor

APR 08 2008

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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-495

Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well RV
Date completed: 3-5-08

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

Owner Name: Dennis Sigur
Mailing Address: 11025 Stigler Hill Rd.
Ocean Springs Ms 39532
City State Zip Code
Telephone No. (228) 860-2947

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 24 Twn T6S Rng R9W
Distance Direction Nearest Town
3 1/2 Miles N of Ocean Springs

Pump Type Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify): _____
Date Pump Installed: 3-6-08
Rated Pump Capacity: 9 Gallons Per Minute

Power Type Circle one

Diesel Engine ☐ Gasoline Engine ☐ Natural Gas ☐
☒ Electric Motor ☐ Hand ☐ Tractor PTO
Windmill ☐ Other (specify): _____
Horse Power Rating of Motor: 1 HP
Setting Depth: 40 FT Drop pipe feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 3-6-08
Static Water Level (A): 25 Feet Below Land Surface
Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface
Test Pumping Rate: 9 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 1/2 hours

Method of Measuring Water Level Circle one

☒ Air Line ☐ Electric Measuring Line ☐ Steel Tape
Other (specify): _____
For flowing well, measured shut in head: N/A feet
Well yielded 15 GPM with a drawdown of
N/A feet after N/A hours of pumping

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]
Signature of Pump Installer

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APR 08 2008

BY: OLWR