

# 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 #: J524  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson

Permit #: \_\_\_\_\_

Driller: Coast Water Well

Date drilling completed: 6-18-09

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: Anthony Ferguson  
Mailing Address: 16505 Allie Byrd Rd.  
Ocean Springs, Ms 39565  
City State Zip Code  
Telephone No. 688 396-5074

### Well Location

Latitude: 30° 31' 43" Longitude: 88° 52' 50"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS Survey-grade GPS  
NW 1/4 NW 1/4 Sec 15 Twn T6 S Rng R9 W  
Distance Direction Nearest Town  
7 Miles North of Ocean Springs

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 6-16-09 Date well drilling completed: 6-18-09  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 80 feet above below (circle one) land surface Date measured: 6-18-09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 335 FT. Well depth: 335 FT. Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 315 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .008 inches Setting depth: From 315 feet to 335 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 0-4-12

Print Name of Water Well Contractor and License No.

Jack Ridgell

Signature of Water Well Contractor

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JUL 02 2009

BY: OLWR



# 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 #: J524  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wells SRV.  
 Date completed: 6-18-09

**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>Anthony Ferguson</u>	Latitude: <u>30°31'722"</u> Longitude: <u>088°52'831"</u>
Mailing Address: <u>16505 Allie Byrd Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vancleave, MS 39565</u>	<u>NW 1/4 NW 1/4 Sec 15 Twn T6S Rng R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 396-5074</u>	<u>7 Miles North of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3HP</u>
Date Pump Installed: <u>6-23-09</u>	Setting Depth: <u>160FT Drop pipe</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-23-09</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</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>65</u> GPM with a drawdown of
Test Pumping Rate: <u>41</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.

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

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 JUL 02 2009  
 BY: OLWR