

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: J 576
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 2/5/13

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>Tyler Cruthirds</u>	Latitude: <u>30.31</u> <u>30.06</u> Longitude: <u>88.52</u> <u>36.18</u>
Mailing Address: <u>Cruthirds Road</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>	<u>Sec 15</u> <u>1/4 NW 1/4</u> <u>Sec 15</u> <u>Twn T6 S</u> <u>Rng R9 W</u>
City State Zip Code	<u>SE</u> Distance <u>1 3/4</u> Miles Direction <u>NNW</u> of Nearest Town <u>LATTIMER</u>
Telephone No. <u>228 337-0293</u>	

Well Data

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

Date well drilling started: 2/4/13 Date well drilling completed: 2/5/13

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

Static Water Level: 45 feet above below (circle one) land surface Date measured: 2/5/13

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

Hole depth: 495 FT Well depth: 495 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 480 feet to 495 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.

[Signature]
Signature of Water Well Contractor

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FEB 19 2013

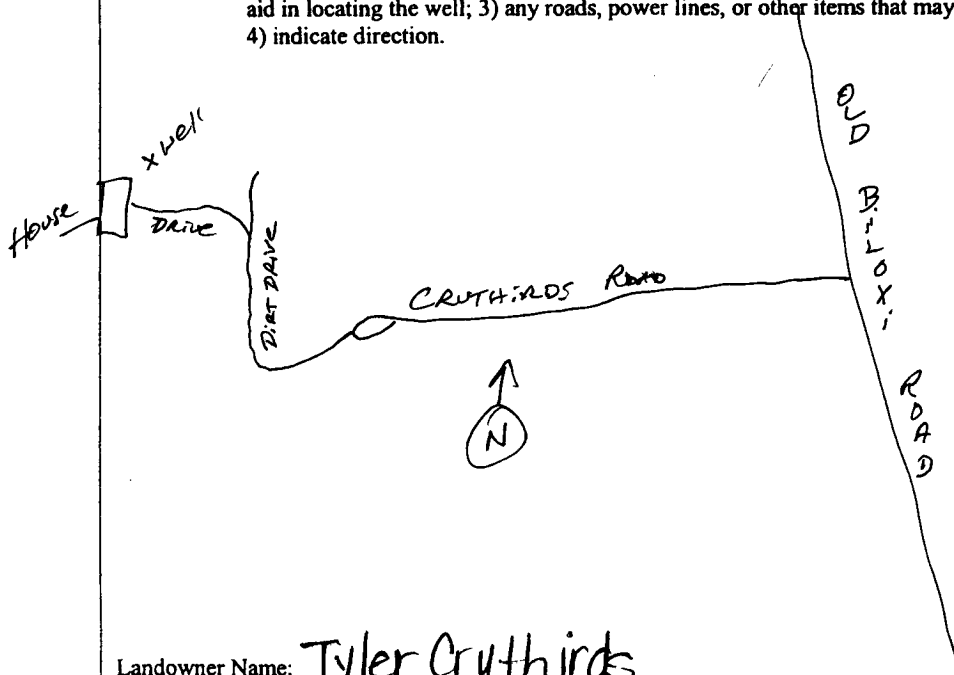
If well telescopes please sketch below and show depths.

Ground Level

[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:

Tyler Cruthirds

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FEB 19 2013

BY: OLIVER

Lewis Printing - Pascagoula, MS

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: J 576
Well #: _____
Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SRV.
Date completed: 2/5/13

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: Tyler Cruthirds
Mailing Address: Cruthirds Road
Ocean Springs, MS 39565
City State Zip Code
Telephone No. 228 337-0293

Well Location

Latitude: 30°31'30.06" Longitude: 088°52'36.18"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 NW 1/4 Sec 15 Twn 6S Rng 89W
Distance Direction Nearest Town
1 3/4 Miles NNW of Latimer

Pump Type Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify): _____
Date Pump Installed: 3-1-13
Rated Pump Capacity: 85 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 H.P.
Setting Depth: 60 FT. Drop Pipe feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 3-1-13
Static Water Level (A): 45 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: 8.5 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 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 24 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.

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

[Signature]
Signature of Pump Installer