

# STATE WELL REPORT

Part 1

## Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well SVC  
 Date drilling completed: 9-21-17

**For Office Use Only:**

Well #: 5619  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chad Williams</u>	Latitude: <u>30°31'48.31"</u> Longitude: <u>088°51'18.18"</u>
Mailing Address: <u>Larue Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ocean Springs, Ms 39565</u> City State Zip Code	USGS quad _____, NW <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> Sec <u>14</u> T <u>6S</u> R <u>9W</u>
Telephone No. <u>(228) 860-8564</u>	<u>2</u> Miles <u>NORTH</u> of <u>Larimer</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-21-17 Date drilling completed: 9-21-17 Hole depth: 207 FT Hole diameter: 2"  
 Location of the source of any surface water used for drilling: N/A  
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal Per 1000 Drilling 1 gal in well  
 Logs run (circle all applicable): No log run  Electric \_\_\_\_\_ Gamma Ray \_\_\_\_\_ Density \_\_\_\_\_ Sonic \_\_\_\_\_ Neutron \_\_\_\_\_ Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block.*

RECEIVED  
OCT 16 2017

Purpose of Well (circle all applicable): Home Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 50 feet [above or (below) land surface] (circle one) Date measured: 9-21-17  
 Method of measurement (circle one): Steel tape \_\_\_\_\_ Electric tape \_\_\_\_\_ Air line Other (describe): \_\_\_\_\_  
 Well depth: 207 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_  
 Casing length: 197 feet Casing diameter: 2 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC  
 Screen slot size: .000 inches Setting depth: From 197 feet to 207 feet  
 Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: N/A feet

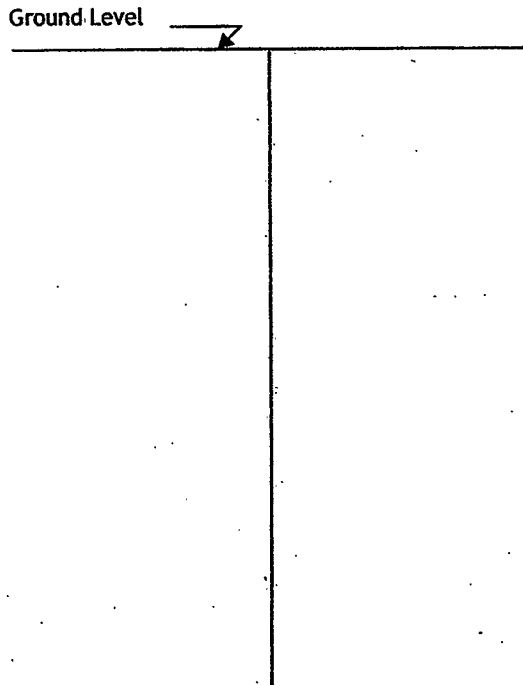
*If telescoped or more than one screen, describe on next page*

County: Jackson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: J619

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

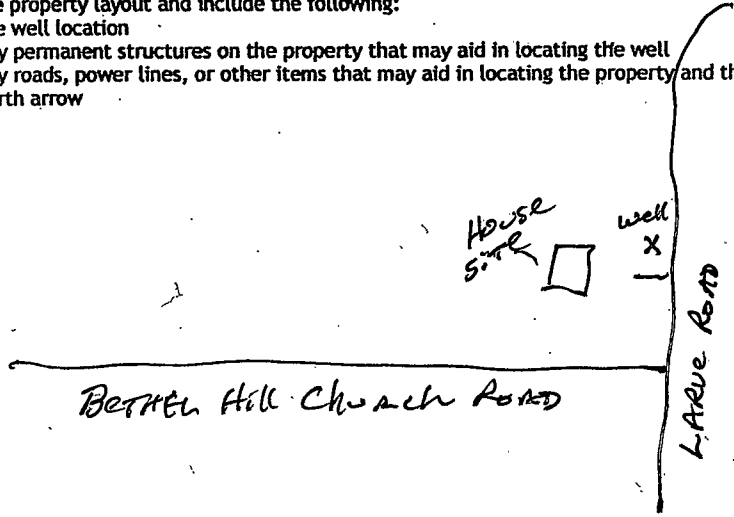
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	2
Orange Clay	2	13
Blue Clay	13	15
Brown coarse sand	15	35
Blue clay	35	50
Gray coarse sand	50	80
Blue Clay	80	90
Gray coarse sand	90	207

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) north arrow



RECEIVED  
 OCT 16 2017  
 BY OLWR

Landowner Name: Chad Williams

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jack Ridadell 0-472      9/25/17  
 Print Name of Responsible Licensee and License No.      Date

Jean Reddick  
 Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: East Water Wells Svc  
Date completed: 9-21-17  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: J619  
Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Chad Williams</u>	Latitude: <u>30°31'48.36"</u> Longitude: <u>088°51'18.18"</u>
Mailing Address: <u>Larue Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ocean Springs, Ms 39565</u> City State Zip Code	<u>NW 1/4 NE 1/4, Sec 14 T 6 S R 9 W</u>
Telephone No. <u>(228) 860-8564</u>	<u>2</u> Miles <u>North</u> of <u>Larue</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 10-5-17 Rated Pump Capacity: 8 Gallons Per Minute  
Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 1 HP Setting Depth: 60 FT DP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 10-5-17 Duration of Pump Test (minimum 4 hours): 5 hours  
Static Water Level (A): 50 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: 8.2 Gallons Per Minute  
Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet. N/A  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping **RECEIVED**

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: OCT 16 2017  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: ENCLOSURE  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one):  New  Repaired  Replacement  
**Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Jack Ridgell 0-472 10/5/17 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer