

# 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 #: K-580  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellserv.  
Date drilling completed: 9-12-07

**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>Steve Foil</u>	Latitude: <u>30° 28' 46" TB</u> Longitude: <u>88° 38' 33" W</u>
Mailing Address: <u>9401 Ferry Point Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Gautier MS 39533</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 38 Twn T65 Rng R7W</u>
Telephone No. <u>228-497-1981</u>	Distance: <u>1/2</u> Miles Direction: _____ of Nearest Town: <u>GAUTIER</u>

**Well Data**

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

Date well drilling started: 9-11-07 Date well drilling completed: 9-12-07

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 9-12-07

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

Hole depth: 120 FT Well depth: 120 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 110 feet to 120 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: \_\_\_\_\_

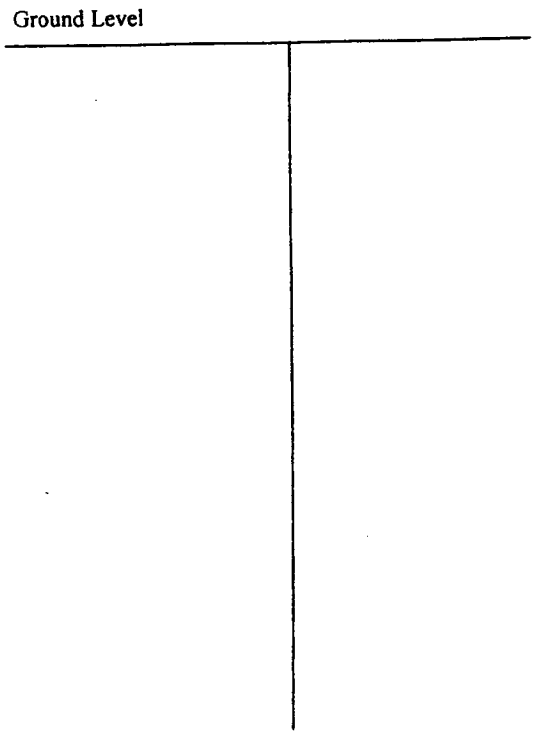
Name of organization running log(s): N/A

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.

Spack Ridgell 0-472 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

K-580

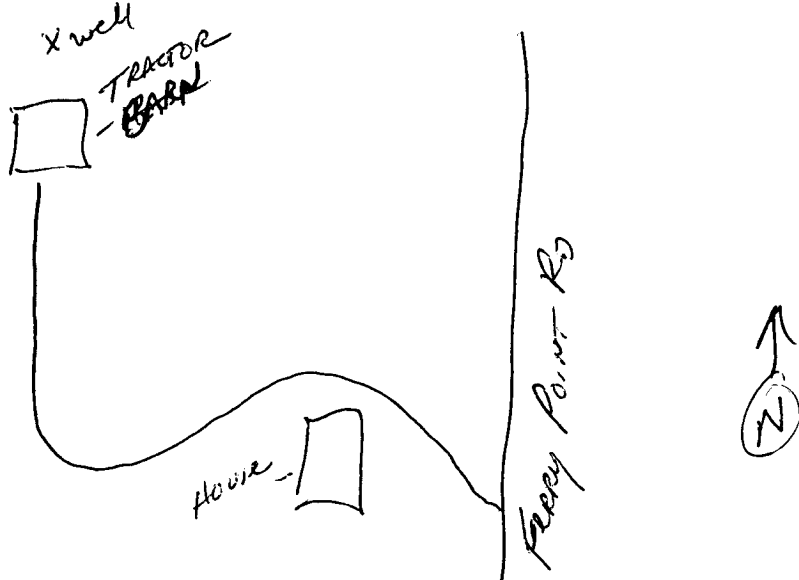
If well telescopes please sketch below and show depths.



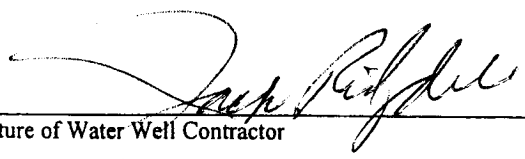
Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange + Blue clay	2	60
Gray medium sand	60	120

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: Steve Foil

  
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: \_\_\_\_\_  
 Well #: K-580  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV  
 Date completed: 9-12-07

**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>Steve Foil</u>	Latitude: <u>30° 28' 773"</u> Longitude: <u>088° 38' 558"</u>
Mailing Address: <u>9401 Ferry Point Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Gautier Ms 39553</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 38 Twn 76S Rng R7W</u>
Telephone No. <u>228 497-1981</u>	Distance Direction Nearest Town <u>1M</u> Miles <u>—</u> of <u>GAUTIER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>9-13-07</u>	Setting Depth: <u>80FT. Drop pipe</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-13-07</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>24</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>4</u> hours	

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

Jack Ridgdell 0472 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer