

# 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 #: M-425  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JACKSON 059  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Service  
 Date drilling completed: 2-15-05  
Coast Water Well Service Inc

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>Cory Walters</u>	Latitude: <u>30° 32' 407"</u> Longitude: <u>088° 30' 48"</u>
Mailing Address: <u>HWY 613</u>	Method of Lat/Long (circle one): Conventional Survey, <u>24</u>
<u>MOSS POINT MS 39562</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS /
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 8</u> ✓ Twn <u>T6S</u> Rng <u>R5W</u>
Telephone No. <u>(228) 474-4823</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>SOUTH</u> of <u>BIG POINT</u>

**Well Data**

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

Date well drilling started: 2-15-05 Date well drilling completed: 2-15-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2-15-05

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

Hole depth: 84' Well depth: 84' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 74 feet to 84 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 Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell  
 Signature of Water Well Contractor

RECEIVED

MAR 10 2005

BY: OLWR

M-425

If well telescopes please sketch below and show depths.

Ground Level

Empty sketch area for ground level.

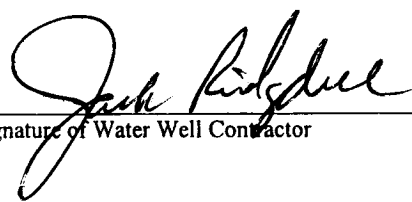
Description of Formations Encountered	From	To
Top Soil	0	1
Orange clay	1	32
White Coarse Sand	32	40
Blue Clay	40	62
White Coarse Sand	62	84

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.

Hand-drawn sketch of property layout. A diagonal line represents Hwy 613. Below the highway, a rectangle is labeled 'Mobile Home' with 'Well' written below it. To the right of the highway, a curved line represents a creek labeled 'SHEPHERD CR.'. A north arrow points upwards.

Landowner Name: Cory Walters

  
Signature of Water Well Contractor

RECEIVED  
MAR 10 2005  
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)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells srvc  
 Date completed: 2-15-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M 425  
 Elevation: \_\_\_\_\_

**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>Cory Walters</u>	Latitude: <u>30°32'407"</u> Longitude: <u>088°30'468"</u>
Mailing Address: <u>Hwy 613</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS
<u>Miss Point, MS 39562</u>	<u>SE 1/4 NW 1/4 Sec 8 Twn T6-S Rng R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 474-4823</u>	<u>3 1/2 Miles SOUTH of Big Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	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>1/2 HP</u>
Date Pump Installed: <u>3-11-05</u>	Setting Depth: <u>droppipe 30</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-11-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</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>7.5</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</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.

John Elkins 0-716P [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
 APR 07 2005  
 BY: OLWR