

# 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: M 571  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson

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

Driller: Coast Water Well Serv.

Date drilling completed: 11/14/11

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>David + Paula Parker</u>	Latitude: <u>30° 27' 31.26"</u> Longitude: <u>088° 25' 19.98"</u>
Mailing Address: <u>9921 Bragg Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Moorestown, MS 39562</u>	USGS quad: <u>NE 1/4 SW 1/4 Sec 30 Twn T6S Rng R4W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Moorestown</u>
Telephone No.: <u>228 623-4646</u>	

Well Data	
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>11/14/11</u>	Date well drilling completed: <u>11/14/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>10</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface	Date measured: <u>11/14/11</u>
Method of Measurement (circle one): steel tape electric tape <input checked="" type="checkbox"/> air line other: _____	
Hole depth: <u>130 FT</u> Well depth: <u>130 FT</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>120</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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.

Jack Ridgell  
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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 11/14/11

**For Office Use Only:**

Aquifer: M571  
 Well #: \_\_\_\_\_  
 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>David + Paula Parker</u>	Latitude: <u>30° 29' 31.20"</u> Longitude: <u>88° 25' 19.98"</u>
Mailing Address: <u>9921 Bragg Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>MOSS POINT, MS 39562</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 30 Twn T6S Rng R4W</u>
Telephone No. <u>228-623-4646</u>	Distance Direction Nearest Town <u>4 Miles NE of MOSS POINT</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11/22/11</u>	Setting Depth: <u>40 FT Drop Pipe</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/22/11</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> 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>26</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping
Test Pumping Rate: <u>11</u> Gallons Per Minute	
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 Ridgell 0-472 Jack Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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