

# 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 #: M585  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 10/19/12

**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>Marc Garrett</u>	Latitude: <u>30.43.4770</u> Longitude: <u>088.31.2910</u>
Mailing Address: <u>Cowart Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale, Ms 39452</u>	<u>NE 1/4 NE 1/4 Sec 6 Twn 745 Rng 55W</u>
City State Zip Code	<u>SE NW</u>
Telephone No. <u>(228) 369-9699</u>	Distance Direction Nearest Town <u>5.314 Miles NW of Huxley</u>

**Well Data**

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

Date well drilling started: 10/19/12 Date well drilling completed: 10/19/12

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10/19/12

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

Hole depth: 45 FT Well depth: 45 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 35 feet to 45 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

If well telescopes please sketch below and show depths.

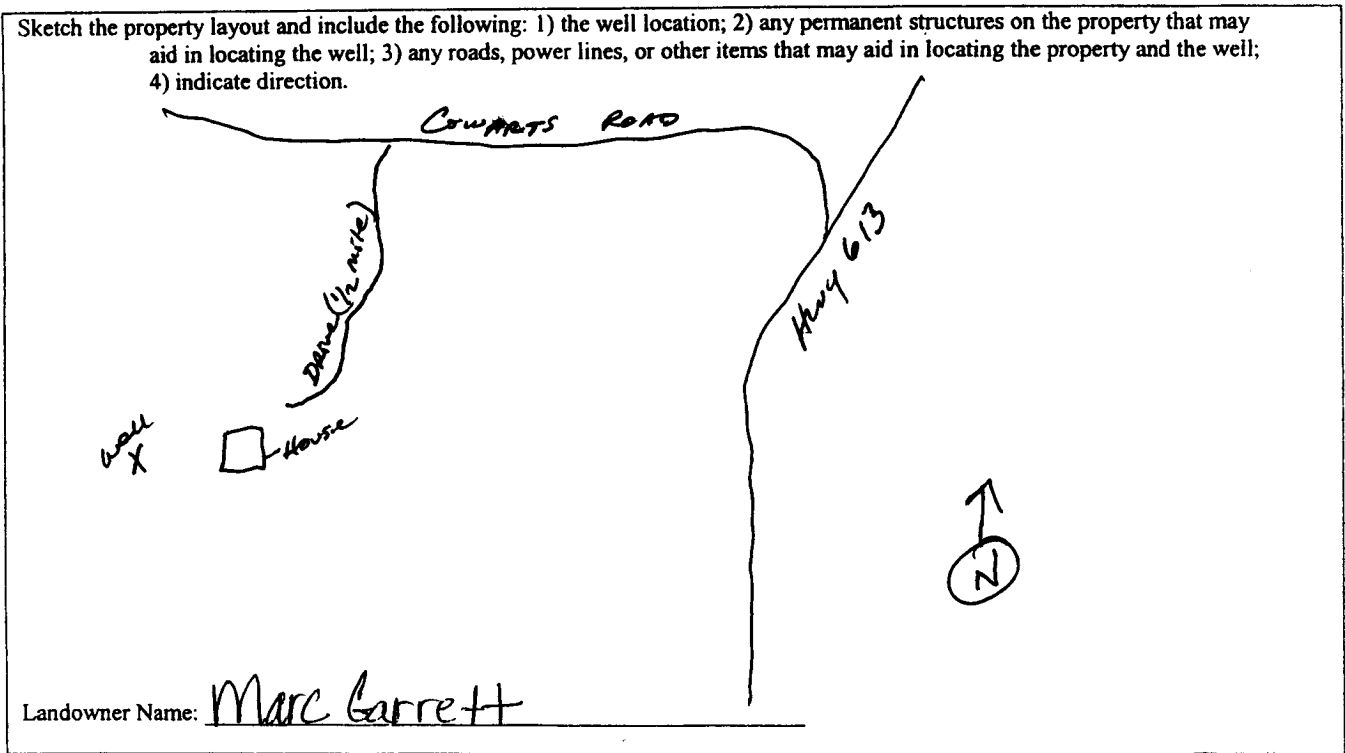
Ground Level \_\_\_\_\_

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Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	10
Orange Coarse Sand	10	45

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.



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BY: OLWR

Jana Rutledge  
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 #: M585  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well SRV  
 Date completed: 10/19/12

**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>Marc Garrett</u>	Latitude: <u>30°43'47.70"</u> Longitude: <u>088°31'29.10"</u>
Mailing Address: <u>Court Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Lucedale, MS 39452</u>	USGS quad: _____ Survey-grade GPS
City                      State                      Zip Code	<u>NE 1/4 NE 1/4 Sec 6 Twn T45 Rng R5W</u>
Telephone No. <u>(228) 369-9699</u>	SE      NW      Direction      Nearest Town
	<u>5 3/4</u> Miles <u>NW</u> of <u>Horley</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket <input type="radio"/> Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal <input type="radio"/> Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 H.P.</u>
Date Pump Installed: <u>10/20/12</u>	Setting Depth: <u>34 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>10.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/20/12</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>25</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>10.5</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>5</u> hours	

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

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

Jack Ridgde  
 Signature of Pump Installer