

# 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 #: N-917  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: COAST WATERWELL SRV.  
 Date drilling completed: 11-16-05

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>Cecil Fayard</u>           | Latitude: <u>30° 26' 23"</u> Longitude: <u>088° 52' 51"</u>                           |
| Mailing Address: <u>6510 Brittany Ave</u> | Method of Lat/Long (circle one): Conventional Survey, _____                           |
| <u>Biloxi Ms 39532</u>                    | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS                                    |
| City State Zip Code                       | <u>S 1/4 NW 1/4 Sec 16 Twn 77S Rng R9W</u>  |
| Telephone No. <u>(228) 392-4401</u>       | Distance Direction Nearest Town<br><u>1/4</u> Miles <u>East</u> of <u>DEBARKVILLE</u> |

**Well Data**

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

Date well drilling started: 11-16-05 Date well drilling completed: 11-16-05

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 11-16-05

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

Hole depth: 262' Well depth: 262' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 252 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .004 inches Setting depth: From 252 feet to 262 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

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BY: OLWR

N-917

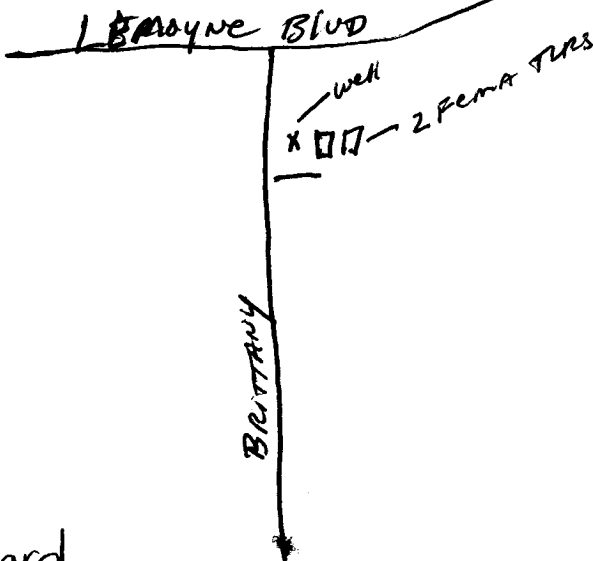
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To   |
|---------------------------------------|------|------|
| TOP Soil                              | 0    | 2    |
| Blue Clay w/ streaks of sand          | 2    | 24.9 |
| Gray low medium to medium sand        | 24.9 | 36.6 |
|                                       |      |      |
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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: Cecil Fayard

  
Signature of Water Well Contractor

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# 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 SRV  
 Date completed: 11-16-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-917  
 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>Cecil Fayard</u>           | Latitude: <u>30° 26' 22.3"</u> Longitude: <u>088° 52' 85.6"</u> |
| Mailing Address: <u>6510 Brittany Ave</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>     |
| <u>Biloxi Ms 39532</u>                    | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS                |
| City State Zip Code                       | <u>S</u> <u>13</u> <u>1/4 NW 1/4 Sec 16 Twn 70S Rng R9W</u>     |
| Telephone No. <u>228 392-4401</u>         | Distance Direction Nearest Town                                 |
|   | <u>0.1/4</u> Miles <u>East</u> of <u>D'Iberville</u>            |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1 HP</u>   |
| Date Pump Installed: <u>11-17-05</u>  | Setting Depth: <u>60' drop pipe</u> feet   |
| Rated Pump Capacity: <u>8</u> Gallons Per Minute                            | Number of Stages: <u>2</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>11-17-05</u>                           | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>30</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>8</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>8</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.

Josh Ridgell 0-715P Josh Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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