

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-1020
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 8-24-07

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>Charles Goff</u>	Latitude: <u>30° 27' 140"</u> Longitude: <u>088° 49' 208"</u>
Mailing Address: <u>12608 Walker Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> ⁰⁸ ₁₂
<u>Ocean Springs, MS 39564</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 7</u> Twn <u>T 75</u> Rng <u>R 8W</u>
Telephone No. <u>(228) 875-7984</u>	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>North</u> of <u>Ocean Springs</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8-23-07</u> Date well drilling completed: <u>8-24-07</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>135</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-24-07</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>450 FT</u> Well depth: <u>450 FT</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>435</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.004</u> inches Setting depth: From <u>435</u> feet to <u>450</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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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.

[Signature]
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: 8-24-07

For Office Use Only:

Aquifer: _____
 Well #: N-1020
 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>Charles Goff</u>	Latitude: <u>30°27'140"</u> Longitude: <u>088°49'208"</u>
Mailing Address: <u>12608 Walker Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Ocean Springs MS 39564</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>7</u> Twn <u>T7S</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228) 875-7984</u>	<u>2 1/2</u> Miles <u>NORTH</u> of <u>Ocean Springs</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 <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>8-27-07</u>	Setting Depth: <u>150 FT. Droppypipe</u>
Rated Pump Capacity: <u>5.5</u> Gallons Per Minute	Number of Stages: <u>3</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-27-07</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>135</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>5.5</u> GPM with a drawdown of
Test Pumping Rate: <u>5.5</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 Ridgell 0-4-10 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer