

# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date drilling completed: 5-29-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-1041  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Mike Butler</u>	Latitude: <u>30° 22' 48" N</u> Longitude: <u>88° 45' 33" W</u>
Mailing Address: <u>N. 10<sup>th</sup> St.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Ocean Springs, MS 39564</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>2</u> Twn <u>T8S</u> Rng <u>R9W</u>
Telephone No. <u>(228) 327-9183</u>	Distance: <u>2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Ocean Springs</u>

**Well Data**

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

Date well drilling started: 5-28 Date well drilling completed: 5-29-08

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: 5-29-08

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

Hole depth: 171' Well depth: 171' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1161 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 1161 feet to 171 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.

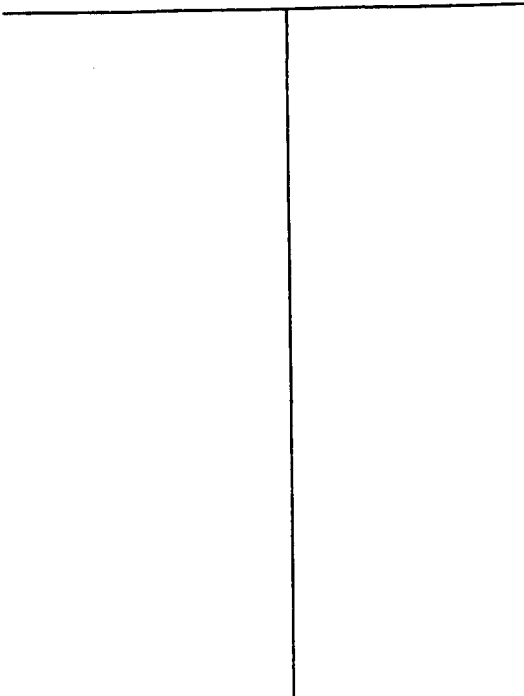
Jack Ridgdell D-472 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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N-1041

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
White & Orange clay	2	15
Blue clay w/ streaks of sand	15	16
Gray medium sand	16	17

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: Mike Butler

*Jack Ruffner*  
 \_\_\_\_\_  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: N-1041

Elevation: \_\_\_\_\_

County: Jackson

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

Driller: Coast Water Wells SRV.

Date completed: 5-29-08

**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>Mike Butler</u>	Latitude: <u>30° 22' 80<sup>4</sup>/<sub>8</sub>"</u> Longitude: <u>088° 45' 33<sup>1</sup>/<sub>20</sub>"</u>
Mailing Address: <u>N. 10th ST</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ocean Springs, MS 39564</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 2 Twn 78S Rng 8W</u>
Telephone No. <u>228-327-9183</u>	Distance Direction Nearest Town
	<u>2 Miles SE of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input 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	<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>6-20-08</u>	Setting Depth: <u>60 FT Drop pipe</u> feet
Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-20-08</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>8.5</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 John Elkins

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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