

# 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 #: N1058  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Inc  
Date drilling completed: 6-12-09

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>Steve Landrum</u>               | Latitude: <u>30° 22' 58" N</u> Longitude: <u>088° 44' 37" W</u>          |
| Mailing Address: <u>8100 Fountainbleau Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Ocean Springs, MS 39564</u>                 | USGS quad, <u>NE</u> NW 1/4 NW 1/4 Sec 1 / Twn T85 Rng R8W               |
| City State Zip Code                            | Distance Direction Nearest Town  |
| Telephone No. <u>228 218-5010</u>              | <u>1</u> Miles <u>East</u> of <u>Ocean Springs</u>                       |

### Well Data

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

Date well drilling started: 6-12-09 Date well drilling completed: 6-12-09

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: 6-12-09

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

Hole depth: 350 FT Well depth: 350 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 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 340 feet to 350 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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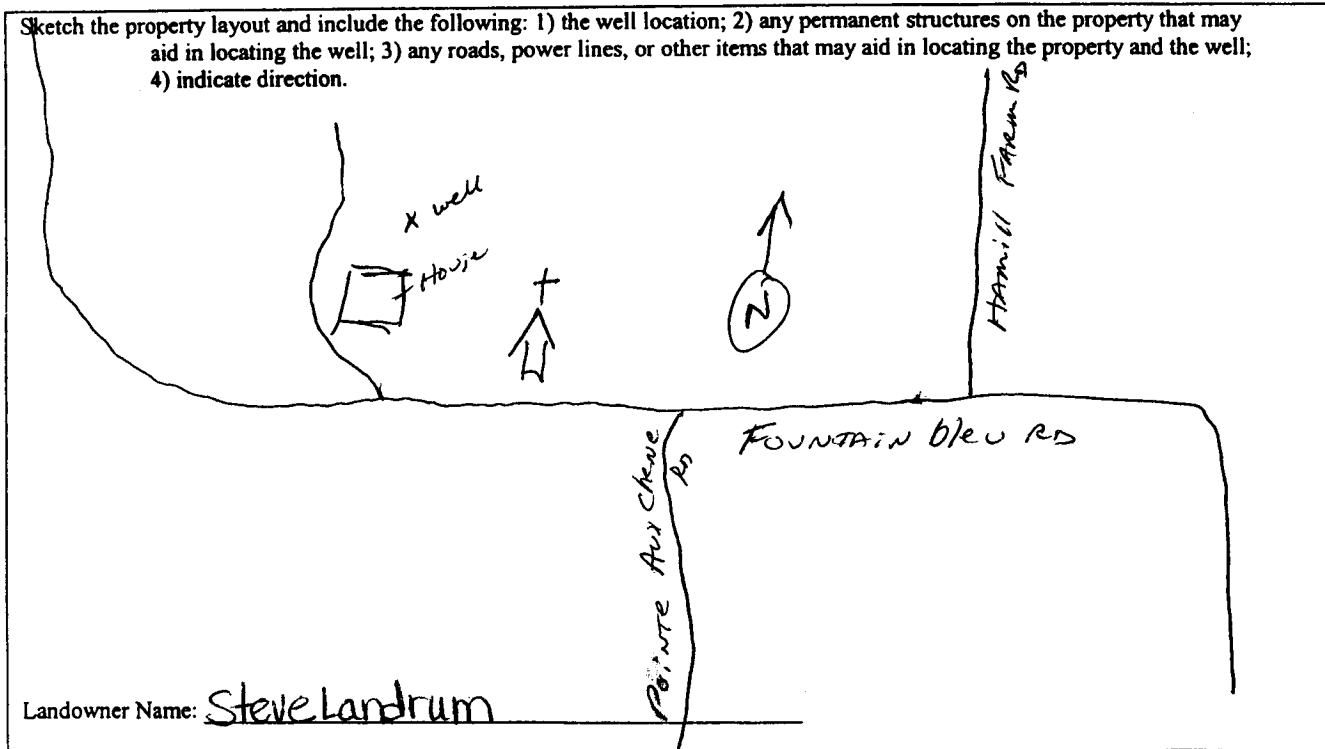
If well telescopes please sketch below and show depths.

Ground Level

|  |
|--|
|  |
|--|

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOP Soil                              | 0    | 2   |
| Brown Sand                            | 2    | 17  |
| Blue Clay w/streaks of sand           | 17   | 327 |
| Gray Coarse Sand                      | 327  | 350 |
|                                       |      |     |
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|                                       |      |     |

If more than one screen, show location of each on sketch



Jack Ritzplee  
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 Wells SRV.  
 Date completed: 6-12-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N1058  
 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>Steve Landrum</u>               | Latitude: <u>30° 22' 47.3"</u> Longitude: <u>088° 44' 46.6"</u>                           |
| Mailing Address: <u>8100 Fountainbleau Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , <sup>58</sup> <sup>37</sup> |
| <u>Ocean Springs, Ms 39564</u>                 | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS  |
| City State Zip Code                            | <u>100</u> 1/4 <u>NW</u> 1/4 Sec <u>1</u> Twn <u>T8S</u> Rng <u>R8W</u>                   |
| Telephone No. <u>228 218-5010</u>              | Distance Direction Nearest Town   |
|  | <u>1</u> Miles <u>East</u> of <u>Ocean Springs</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="radio"/> Jet <input checked="" 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 checked="" 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>2HP</u>   |
| Date Pump Installed: <u>6-13-09</u>   | Setting Depth: <u>60FT. Drop pipe</u> feet  |
| Rated Pump Capacity: <u>13</u> Gallons Per Minute                               | Number of Stages: <u>3</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>6-13-09</u>                            | <u>Air Line</u> <input checked="" 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>30</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>13</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.

Jack Ridgell 0-472 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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