

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: N1065
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 6-18-10

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>David Jacobson</u>	Latitude: <u>30° 25' 18.30"</u> Longitude: <u>088° 44' 54.90"</u>
Mailing Address: <u>5512 Riley 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> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 24 Twn T75 Rng R8 W</u>
Telephone No. <u>228 238-0488</u>	Distance <u>400</u> Direction <u>East</u> 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: 6-18-10 Date well drilling completed: 6-18-10

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 6-18-10

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

Hole depth: 50 FT. Well depth: 50 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 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 40 feet to 50 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 Ridgell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgell
Signature of Water Well Contractor

BY: OLWR

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 #: N1065

Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV.
 Date completed: _____

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>David Jacobson</u>	Latitude: <u>30° 25' 18.30"</u> Longitude: <u>088° 44' 54.90</u>
Mailing Address: <u>5512 Riley 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> City State Zip Code	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>24</u> Twn <u>T7S</u> Rng <u>R8W</u>
Telephone No. <u>228 238-0488</u>	Distance Direction Nearest Town <u>200 FT</u> SW <u>EAST</u> of <u>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>6-19-10</u>	Setting Depth: <u>25 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-19-10</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>15</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>10</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

RECEIVED
 JUL 19 2010
 BY: OLWR