

# 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: N 1066  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson

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

Driller: Coast Water Well

Date drilling completed: 10-1-10

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

Owner Name: Dean Sellers

Mailing Address: S. 19th St.

Ocean Springs, MS 39554  
City State Zip Code

Telephone No. 228-588-0856

### Well Location

Latitude: 30° 22' 22" Longitude: 088° 44' 45"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SW  $\frac{1}{4}$  ~~SW~~  $\frac{1}{4}$  Sec 1 Twn T8S Rng R8W

Distance 2 1/2 Miles Direction SE of Nearest Town Ocean Springs

### Well Data

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

Date well drilling started: 10-1-10 Date well drilling completed: 10-1-10

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10-1-10

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

Hole depth: 226 FT Well depth: 226 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 216 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 216 feet to 226 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.

[Signature]

Signature of Water Well Contractor

RECEIVED

OCT 22 2010

BY: OLIVER



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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV.  
 Date completed: 10-1-10

**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>Dean Sellers</u>                       | Latitude: <u>30° 22' 23.22"</u> Longitude: <u>088° 44' 45.42"</u>   |
| Mailing Address: <u>S. 19th ST.</u>                   | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Ocean Springs, MS 39564</u><br>City State Zip Code | <u>SW 1/4 SW 1/4 Sec 1</u> Twn <u>T8S</u> Rng <u>R8W</u>  |
| Telephone No. <u>601 588-0856</u>                     | Distance Direction Nearest Town<br><u>2 1/2</u> Miles <u>SE</u> of <u>Ocean Springs</u>                   |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                    |
|---|---|
| Air Lift Jet <u>Submersible</u>                   | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston Turbine                             | <u>Electric Motor</u> Hand Tractor PTO      |
| Centrifugal Rotary Flowing Well                   | Windmill Other (specify): _____             |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>1 HP</u>    |
| Date Pump Installed: <u>10-4-10</u>               | Setting Depth: <u>80 FT. Drop Pipe</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>12</u>                 |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one            |
|---|--|
| Date Well Tested: <u>10-4-10</u>                            | <u>Air Line</u> Electric Measuring Line Steel Tape       |
| Static Water Level (A): <u>25</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>55</u> GPM with a drawdown of            |
| Test Pumping Rate: <u>12</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

OCT 27 2010  
 BY-OLWR