

~~NOT DONE~~

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well  
 Date drilling completed: 8-30-13

**For Office Use Only:**  
 Well #: N1101  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Frasiers Nursery</u>	Latitude: <u>30° 26' 37.38"</u> Longitude: <u>088° 51' 18.60"</u>
Mailing Address: <u>14708 Lemoyne Blvd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi, MS 39532</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>11</u> T <u>7S</u> R <u>9W</u>
Telephone No. <u>228 392-2411</u>	<u>2 1/2</u> Miles <u>NW</u> of <u>Ocean Springs</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-21-13 Date drilling completed: 8-29-13 Hole depth: 820 FT Hole diameter: 4x2

Location of the source of any surface water used for drilling: NO SURFACE WATER USED

Method of dosing and volume of Chlorine used in drilling and development: 1 gal. per 1000 drilling - in well

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump

Seismic Survey  Other (describe) \_\_\_\_\_

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply  Irrigation Fish Culture

Other (describe): PLANT NURSERY

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 50 feet [above or  below] land surface Date measured: 8-30-13

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

Well depth: 820' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 240' x 2" PVC feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 790 feet to 820 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 240 feet

If telescoped or more than one screen, describe on next page

BY: OLWR  
SEP 1 9 2013



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
 Copy in \_\_\_\_\_

4X2  
 Complete Well  
 info

**For Office Use Only:**  
 Well #: N1101  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Frasiers Nursery</u>	Latitude: <u>30°26'37.38"</u>	Longitude: <u>088°51'18.60"</u>	
Mailing Address: <u>14708 Lemoyne Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Biloxi, MS 39532</u>	<u>SW 1/4 SE 1/4, Sec 11 T 7S R 9W</u>		
City State Zip Code	<u>2 1/2 Miles NW of Ocean Springs</u>		
Telephone No. <u>228 392-2411</u>	(Distance)	(Direction)	(Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 8-30-13 Rated Pump Capacity: 55 Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 5 HP Setting Depth: 160' DP feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 8-30-13 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 63 Gallons Per Minute  
 Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of N/A feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Jack Ridgell 0472 9/2/13 Jack Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 SEP 19 2013  
 BY: OLWR