

# STATE WELL REPORT

16

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells, Inc.  
 Date drilling completed: 1-31-19

**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)

**For Office Use Only:**

Well #: 059N1128  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Steve Sloop</u>	Latitude: <u>30° 30' 22.92"</u> Longitude: <u>088° 07' 27.00"</u> <small>22' 54.64"                      44' 41.88"</small>
Mailing Address: <u>8101 Fountainbleau Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ocean Springs, MS 39564</u> City                      State                      Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(501) 762-2302</u>	<u>NW 1/4 NW 1/4, Sec 1 T 8 S R 8 W</u> <u>1/4</u> Miles <u>East</u> of <u>Ocean Springs</u> (Distance)                      (Direction)                      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-30-19 Date drilling completed: 1-31-19 Hole depth: 363 FT Hole diameter: 2"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling depth 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): \_\_\_\_\_

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

Static Water Level: 30 feet [above or below] land surface    Date measured: 1-31-19  
(circle one)

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

Well depth: 363 FT Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 348 feet    Casing diameter: 2 inches    Type of casing: PVC

Screen length: 15 feet    Screen diameter: 2 inches    Type of screen: PVC

Screen slot size: .006 inches    Setting depth: From 348 feet to 363 feet

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

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

Top of lap pipe or reduction in casing: N/A feet

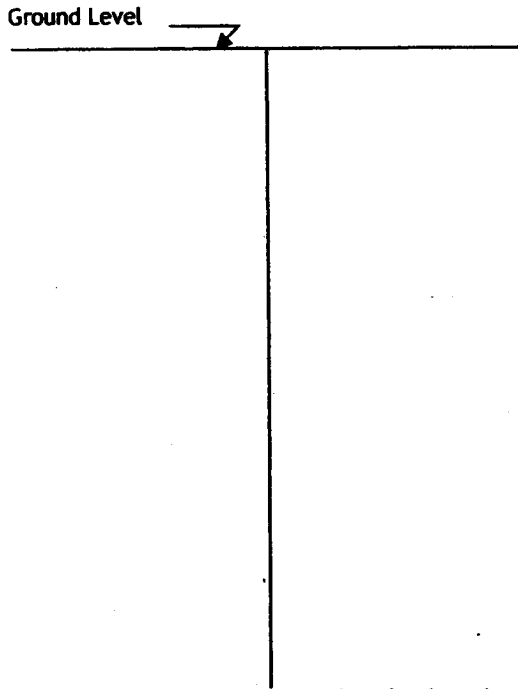
*If telescoped or more than one screen, describe on next page*

County: JACKSON  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 21128

The sketch below only required for water wells

If well telescopes, show depths on sketch.



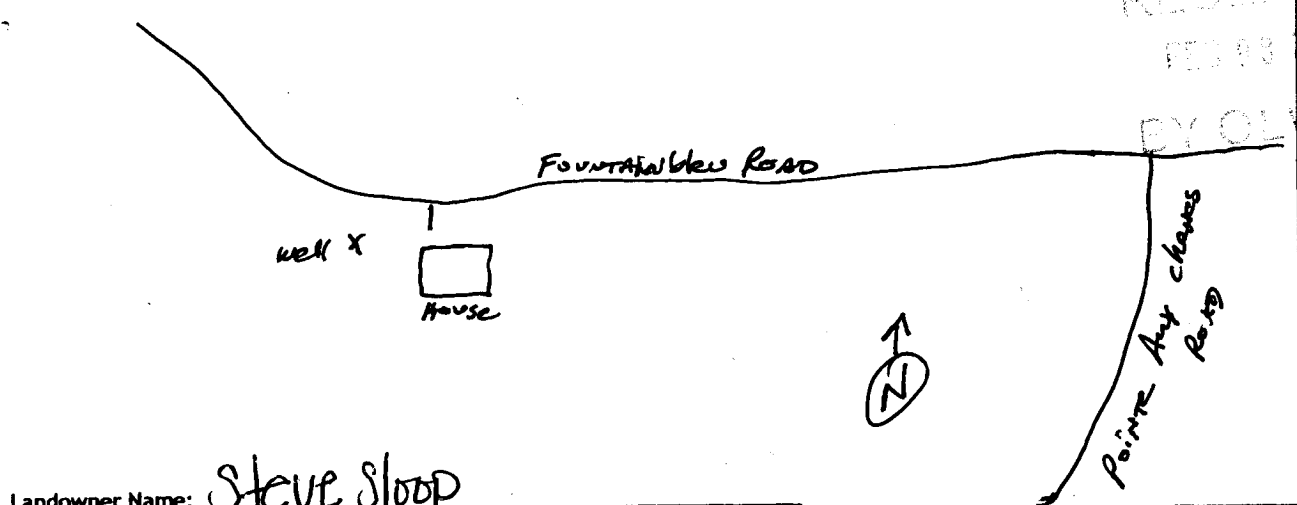
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
White Coarse Sand	2	18
Blue Clay	18	160
Gray coarse Sand	160	200
Blue clay	200	315
Gray Medium to Coarse Sand	315	363

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) north arrow



Landowner Name: Steve Sloop

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jack Ridadell 0-472 1-31-19 Jan Ruffin  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# 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: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wells, Inc  
 Date completed: 1-31-19  
Copy information from block on Part 1

**For Office Use Only:**

Well #: 059N1128  
 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.*

Well Owner Information	Well Location
Owner Name: <u>Steve Sloop</u>	Latitude: <u>30° 30' 22.92"</u> Longitude: <u>088° 07' 27.00"</u>
Mailing Address: <u>8101 Fountainbleau Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>22.5464</u> <u>44.4188</u> Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ocean Springs, MS 39564</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4, Sec 1 T 8S R 8W</u>
Telephone No. <u>(601) 762-2302</u>	<u>1.14</u> Miles <u>East</u> of <u>Ocean Springs</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 1-31-19 Rated Pump Capacity: 9 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: 1HP Setting Depth: 60 FT DP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-31-19 Duration of Pump Test (minimum 4 hours): 4 1/2 hours

Static Water Level (A): 30 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: 9 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. N/A

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ 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 Biddell 0472 1/31/19 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer