

# 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)

#### For Office Use Only:

Well #: N 1134  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Svc.  
 Date drilling completed: 3-20-20

*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.*

<p><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Tracy Galloway</u>          Mailing Address: <u>Soloman RD.</u>  <u>Ocean Springs, MS 39564</u>          City State Zip Code          Telephone No. <u>315 408-2612</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 26' 38.18"</u> Longitude: <u>88° 50' 2.46"</u>  <small>38 9.00</small>          Method of Lat/Long (check one): Conventional Survey _____          USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____  <u>NE 1/4 SE 1/4, Sec 13 T 7S R 9W</u>  <u>2</u> Miles <u>NORTH</u> of <u>Ocean Springs</u>          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 3-20-20 Date drilling completed: 3-20-20 Hole depth: 40 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 2 gal 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): Ornamental  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 1 feet [above or below] (circle one) land surface Date measured: 3-25-20  
 Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe) \_\_\_\_\_  
 Well depth: 40 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix  
 Casing length: 30 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 30 feet to 40 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*

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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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: East Water Well Svc  
 Date completed: 3-20-20  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: N 1134  
 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>Tracy Galloway</u>	Latitude: <u>30° 26' 33.18"</u> Longitude: <u>088° 50' 2.46"</u>
Mailing Address: <u>Soloman Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, <sup>38</sup> <input checked="" type="checkbox"/> Hand-held GPS _____, <sup>9</sup> Survey-grade GPS _____
<u>Ocean Springs</u> <u>MS</u> <u>39564</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 38 1/4, Sec 13 12 T 7S R 9W</u>
Telephone No. <u>(315) 408-2612</u>	<u>2</u> Miles <u>North</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): Hand Pump

Date Pump Installed: 3-25-20 Rated Pump Capacity: N/A 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): Hand Pump

Horse Power Rating of Motor: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-25-20 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 1 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: N/A 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: N/A 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 Ridadell 0-472 4/8/20 James R. Riddell

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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