

# 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: \_\_\_\_\_  
Well #: Q-523  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 10-4-06

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>Bill Copeland</u>	Latitude: <u>30° 21' 210"</u> Longitude: <u>088° 42' 523"</u>
Mailing Address: <u>5927 Charles St.</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>31</u>
<u>Ocean Springs, MS 39564</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 8 Twn T85 Rng R74</u>
Telephone No. <u>228 326-1732</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>SE</u> of <u>Ocean Springs</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 10-4-06 Date well drilling completed: 10-4-06  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 12 feet above or below (circle one) land surface Date measured: 10-4-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 61' Well depth: 61' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 51 feet Casing diameter: 2 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: .008 inches Setting depth: From 51 feet to 61 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: \_\_\_\_\_ 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 Bidgell 0-472

Print Name of Water Well Contractor and License No.

[Signature] RECEIVED  
Signature of Water Well Contractor  
OCT 23 2006

BY: OLWF



# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wells SRV.  
 Date completed: 10-4-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: φ-523  
 Elevation: \_\_\_\_\_

**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>Bill Copeland</u>	Latitude: <u>30°21'210"</u> Longitude: <u>088°42'523"</u>
Mailing Address: <u>5927 Charles ST.</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>31</u>
<u>Ocean Springs MS 39564</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 8 Twn T8S Rng R7W</u>
Telephone No. <u>228-326-1732</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>SE</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>10-5-06</u>	Setting Depth: <u>40 FT. Droppipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-5-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>12</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>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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 **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Jack Ridgell  
OCT 23 2006  
BY: OLWR