

# 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-539  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 6-22-07

**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>Al Swanner</u>	Latitude: <u>30° 39' 615"</u> Longitude: <u>088° 30' 662"</u>
Mailing Address: <u>13005 Point Aux Chenes Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs MS 39564</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 3</u> Twn <u>T8S</u> Rng <u>R7W</u>
Telephone No. <u>228 875-7260</u>	Distance <u>2 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Ocean Springs</u>

**Well Data**

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

Date well drilling started: 6-20-07 Date well drilling completed: 6-22-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 6-22-07

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

Hole depth: 504 FT. Well depth: 504 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 474 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 474 feet to 504 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.

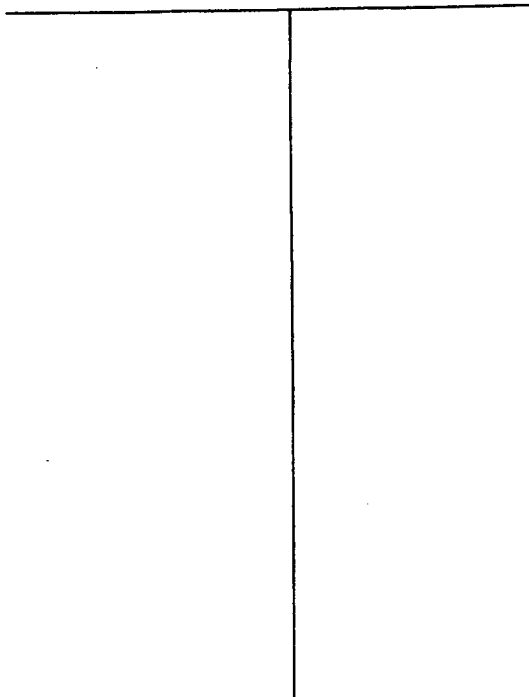
Jack Ridgdell  
Signature of Water Well Contractor

RECEIVED  
JUL 18 2007  
BY: OLWR

Q-539

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Gray clay	2	70
White Coarse Sand	70	22
Gray clay	22	50
White Coarse Sand	50	90
Blue clay	90	130
Gray Coarse Sand	130	157
Blue clay w/ streaks of sand	157	468
Gray Coarse Sand	468	504

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) indicate direction.



Landowner Name: Al Swanner

*[Handwritten Signature]*  
Signature of Water Well Contractor

RECEIVED  
JUL 18 2007  
BY: OLWP

# 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 #: Q-539  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV.  
 Date completed: 6-22-07

**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>Al Swanner</u>	Latitude: <u>30°39'615"</u> Longitude: <u>088°30'662"</u>
Mailing Address: <u>13005 Point Aux Chenes Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ocean Springs Ms 39564</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City                      State                      Zip Code	<u>SW 1/4 SW 1/4 Sec 3 Twn 78S Rng R7W</u>
Telephone No. <u>888-875-7260</u>	Distance                      Direction                      Nearest Town
	<u>2 1/2 Miles SE of Ocean Springs</u>

Pump Type Circle one	Power Type 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>5HP</u>
Date Pump Installed: <u>6-27-07</u>	Setting Depth: <u>180FT. Drop pipe</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-27-07</u>	<u>Air Line</u> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>90</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>80</u> GPM with a drawdown of
Test Pumping Rate: <u>63</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>16</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgell 0-472                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

RECEIVED  
 JUL 18 2007  
 BY: OLWR