

# 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 #: P-479  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellsm  
Date drilling completed: 7-19-07

**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>Compton Engineering</u>	Latitude: <u>30° 21' 823"</u> Longitude: <u>088° 32' 817"</u>
Mailing Address: <u>Convent Ave. 39</u>	Method of Lat/Long (circle one): Conventional Survey, <u>49</u>
City: <u>Pascagoula MS</u> State: <u>MS</u> Zip Code: <u>39156-7</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(228) 762 3970</u>	N 1/4 S 1/4 Sec <u>7</u> Twn <u>T85</u> Rng <u>R6 W</u>
	Distance <u>1/4</u> Miles Direction _____ of Nearest Town <u>PASCAGOULA</u>

**Well Data**

Purpose of Well (circle one): ~~Industrial~~ Public Supply Irrigation Fish Culture Other: WATERING LANDSCAPE

Date well drilling started: 7-18-07 Date well drilling completed: 7-19-07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 7-19-07

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

Hole depth: 185' Well depth: 185' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 175 feet to 185 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 Ridgdell 0-472  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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AUG 01 2007  
BY: OLWR



# 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 #: P-479

Elevation: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: \_\_\_\_\_

**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>Compton Engineering</u>	Latitude: <u>30° 21' 823</u> Longitude: <u>088° 32' 817</u>
Mailing Address: <u>Convent Ave</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pascagoula, MS</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 7 Twn T8S Rng R6 W</u>
Telephone No. <u>(228) 762 3970</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>—</u> of <u>PASCAGOULA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-23-07</u>	Setting Depth: <u>60 ft drop pipe</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-23-07</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</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>40</u> GPM with a drawdown of
Test Pumping Rate: <u>22</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 Bidgell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Bidgell  
 Signature of Pump Installer

**RECEIVED**

AUG 01 2007

BY: OLWR