

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: Q612
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SRV.
Date drilling completed: 4-6-11

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>Todd Peacock</u>	Latitude: <u>30° 25' 12.18"</u> Longitude: <u>088° 28' 14.46"</u>
Mailing Address: <u>Coaster Drive</u>	Method of Lat/Long (circle one): Conventional Survey, ¹² ¹⁴
<u>Misspoint, MS 39562</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SE 1/4 Sec 22 / Twn T8S Rng R5W</u>
Telephone No. <u>(228) 217-8134</u>	Distance: <u>3</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>MISS POINT</u>

Well Data

Purpose of Well (circle one): Industrial Public Supply Irrigation Fish Culture Other: OFFICE TLR AND EQUIP WASH

Date well drilling started: 4-6-11 Date well drilling completed: 4-6-11

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 4-6-11

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

Hole depth: 225 FT. Well depth: 225 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 215 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 215 feet to 225 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

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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 10631
Jackson, MS 39289-0631
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: Q612
Well #: _____
Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date completed: 4-6-11

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>Todd Peacock</u> Mailing Address: <u>5300 Coaster Rd.</u> <u>Miss Point, MS 39562</u> City State Zip Code Telephone No. <u>228 217-8134</u>	Latitude: <u>30°25'10.18"</u> Longitude: <u>088°28'14.46"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW</u> ¼ <u>SE</u> ¼ Sec <u>22</u> Twn <u>T7S</u> Rng <u>R5W</u> Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Miss Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4-15-11</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>40 FT. Drop Pipe</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-14-11</u> Static Water Level (A): <u>15</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>28</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping

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

Jack Riddell 0-472
Print Name of Pump Installer and License No. (if applicable)

Jack Riddell
Signature of Pump Installer