

# 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: B 91  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 6/25/10

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>Hemphill Construction</u>	Latitude: <u>30° 49' 49.98"</u> Longitude: <u>089° 09' 50.16"</u>
Mailing Address: <u>P.O. Drawer 879</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>50</sup> <sub>50</sub>
<u>Florence, Ms 39073</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>50</u> <sup>50</sup> <u>1/4</u> <sup>NE</sup> <u>1/4</u> Sec <u>35</u> Twn <u>T 25</u> Rng <u>R 12W</u>
Telephone No. <u>601 932-2060</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Wiggins</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>WASTE WATER Treatment Facility</u>	
Date well drilling started: <u>6-24-10</u>	Date well drilling completed: <u>6-25-10</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>6-25-10</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>205 FT.</u> Well depth: <u>205 FT.</u> Well grouted to a depth of _____ feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>175</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008 + .010</u> inches Setting depth: From <u>175</u> feet to <u>205</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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 Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell  
Signature of Water Well Contractor

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B91

If well telescopes please sketch below and show depths.

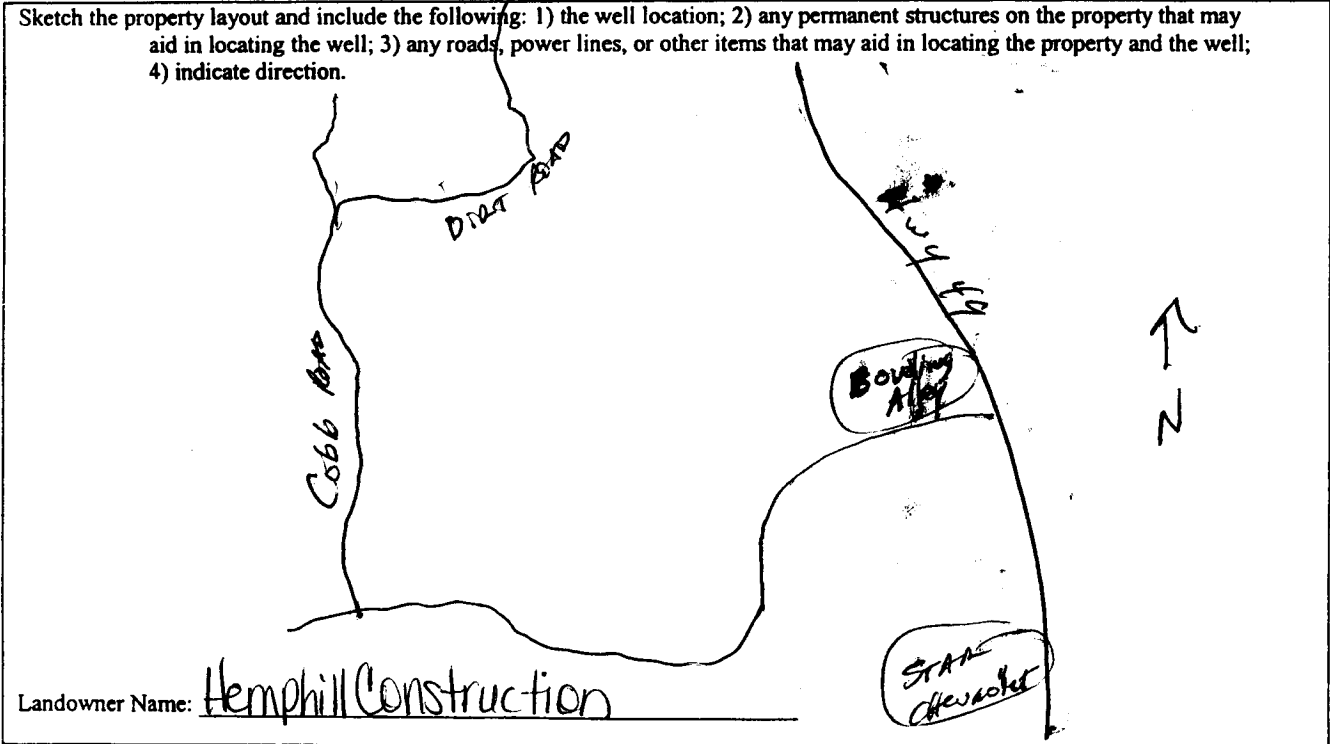
Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	10
Orange Coarse Sand w/pe gravel	10	45
Orange clay	45	50
Orange coarse Sand	50	100
Blue clay	100	173
Brown Coarse Sand w/pe gravel	173	208

WASTE WATER  
SEWER TREATMENT  
FACILITY

X

If more than one screen, show location of each on sketch



*Jan Rutledge*  
Signature of Water Well Contractor

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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: B91  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells sv  
 Date completed: 6/25/10

**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>Hemphill Construction</u>	Latitude: <u>30° 49' 49.98"</u> Longitude: <u>089° 09' 50.16"</u>
Mailing Address: <u>P.O. Drawer 879</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Florance, MS 39073</u>	<u>SW</u> ¼ <u>NE</u> ¼ Sec. <u>35</u> Twn <u>T2S</u> Rng <u>R12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 932-2060</u>	<u>2</u> Miles <u>SW</u> of <u>Wiggins</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>5 H.P.</u>
Date Pump Installed: <u>7-14-10</u>	Setting Depth: <u>180 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-14-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</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>58</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>24</u> hours	

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

Jack Ridgdell 0-472 Jack Ridgdell **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

AUG 16 2010

BY: OLWR