

# 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 #: M-68  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Cast Water Wells SRV.  
Date drilling completed: 8-23-07

**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>Mark Fayard</u>	Latitude: <u>30° 41' 90"</u> Longitude: <u>088° 57' 25"</u>
Mailing Address: <u>2049 East McHenry Rd</u>	Method of Lat/Long (circle one): <u>SA</u> Conventional Survey, <u>58</u>
<u>Perkinston, MS 39573</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 14</u> Twn <u>T45</u> Rng <u>R10 W</u>
Telephone No. <u>(601) 928-4942</u>	Distance: <u>10</u> Miles Direction: <u>EAS</u> of Nearest Town: <u>McHenry</u>

**Well Data**

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

Date well drilling started: 8-22-07 Date well drilling completed: 8-23-07

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: 8-23-07

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

Hole depth: 220 FT. Well depth: 200 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 3 1/2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: .008 inches Setting depth: From 200 feet to 220 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 Ridgell 0-472 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
SEP 21 2007  
BY: OLWR  
RECEIVED  
SEP 21 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 # M 68  
 Elevation: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells, Inc.  
 Date completed: 8-23-07

**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>Mark Fayard</u>	Latitude: <u>30° 41' 907"</u> Longitude: <u>088° 57' 975"</u>
Mailing Address: <u>2049 East McHenry RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Perkinston, MS 39573</u>	<u>NE 1/4 SW 1/4 Sec 14 Twn 14 S Rng R10 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 938-4942</u>	<u>10 Miles East of McHenry</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>1HP</u>
Date Pump Installed: <u>8-23-07</u>	Setting Depth: <u>160 FT. Drop pipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-23-07</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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>6</u> hours	

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

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

**RECEIVED**  
 SEP 21 2007  
 BY: OLWR