

# 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: 586  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 12/30/11

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>Blake Mallette</u>	Latitude: <u>30.47.39.88</u> , Longitude: <u>088.50.43.80</u>
Mailing Address: <u>Broomer School Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>33</u>
<u>Lucedale, MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 13</u> ✓ Twn <u>T35</u> ✓ Rng <u>R7W</u>
Telephone No. ( <u>601</u> ) <u>218-1045</u>	SE Distance Direction Nearest Town
	<u>6</u> Miles <u>SSW</u> of <u>BEAUMONT</u>

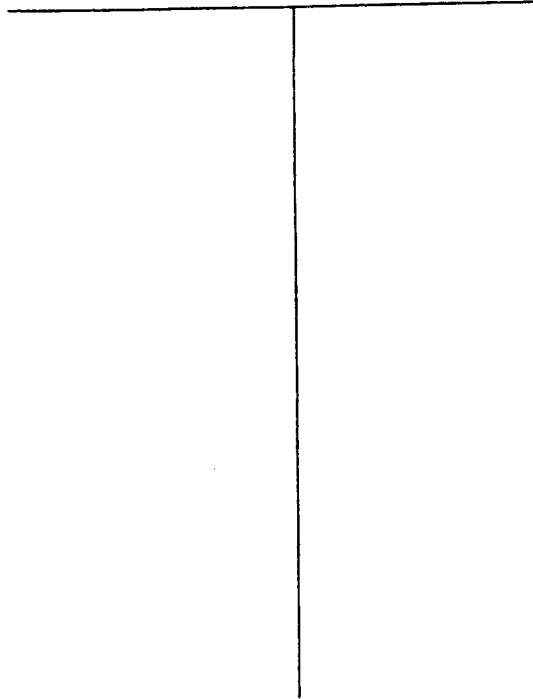
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>CAMP</u>	
Date well drilling started: <u>12/30/11</u>	Date well drilling completed: <u>12/30/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>50</u> feet above or below (circle one) land surface	Date measured: <u>12/30/11</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>360 FT.</u> Well depth: <u>360 FT.</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>350</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>350</u> feet to <u>360</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 Ridgdell 0-472 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

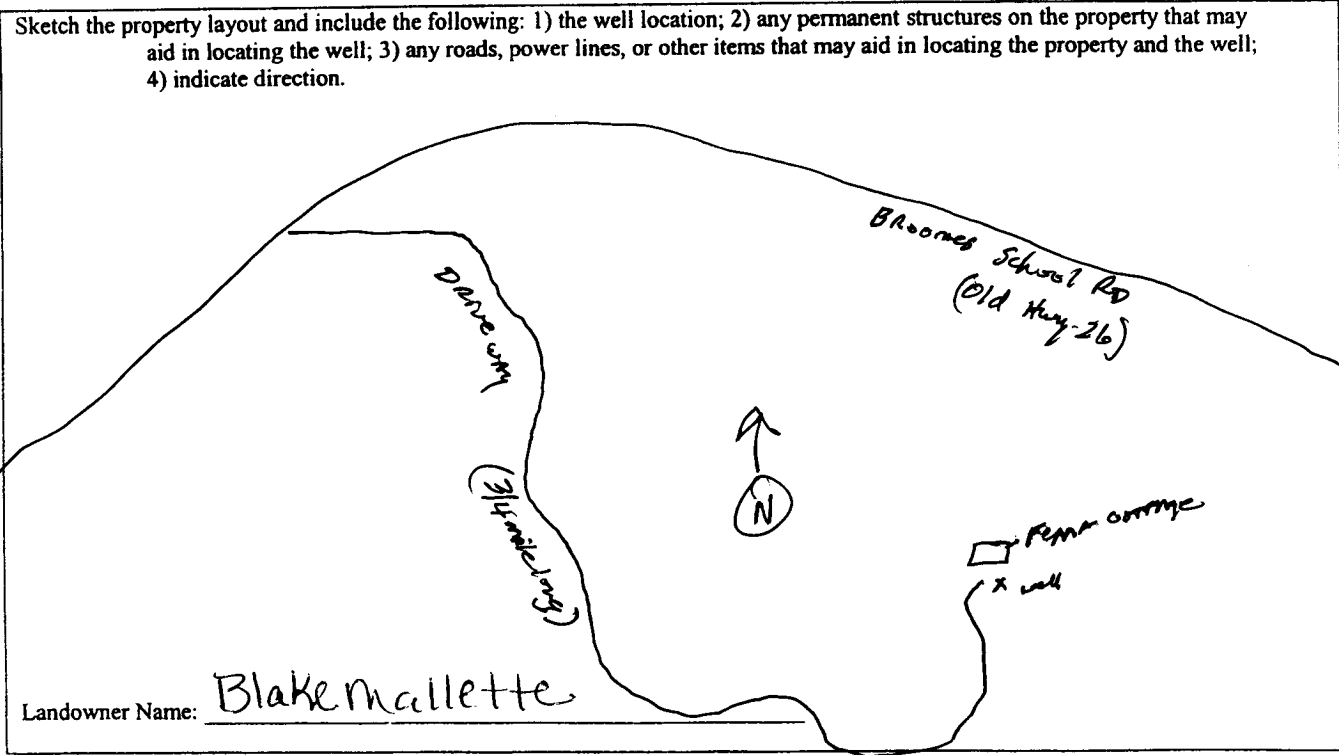
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	1
Orange clay	1	12
Brown Coarse sand	12	20
Orange + Blue Clay	20	34.5
Gray Medium sand	34.5	36

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



*Jason Stutgen*  
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: \_\_\_\_\_

Well #: J86

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

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Coastal Water Well Serv.  
 Date completed: 12/30/11

**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>Blake Mallette</u>	Latitude: <u>30° 47' 30.88"</u> Longitude: <u>88° 50' 43.80"</u>
Mailing Address: <u>Broom School Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale, MS 39452</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 13 Twn T. 35 Rng R9W</u>
Telephone No. <u>228 218-1045</u>	Distance Direction Nearest Town
	<u>6 Miles SSW of Bennedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>1-11-12</u>	Setting Depth: <u>80 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-12</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Jack Ridgell 0472 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer