

# 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: L 214  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SRV  
Date drilling completed: 6/28/12

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>Clayton Horne / Gene Hickman</u>	D-M-S Latitude: <u>30° 44' 57.72"</u> Longitude: <u>088° 33' 28.32"</u>
Mailing Address: <u>Stonecypher RD,</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale, Ms 39452</u>	USGS <u>quad</u> , <u>Hand-held GPS</u> , Survey-grade GPS ✓
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 35</u> ✓ Twn <u>T3 S</u> Rng <u>R6 W</u>
Telephone No: <u>228 (601) 716-6812</u>	Distance Direction Nearest Town
	<u>4 1/2</u> Miles <u>SW</u> of <u>Agicola</u>

### Well Data

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

Date well drilling started: 6/26/12 Date well drilling completed: 6/28/12

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 6/28/12

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

Hole depth: 124 FT Well depth: 124 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 114 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 114 feet to 124 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 0472 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

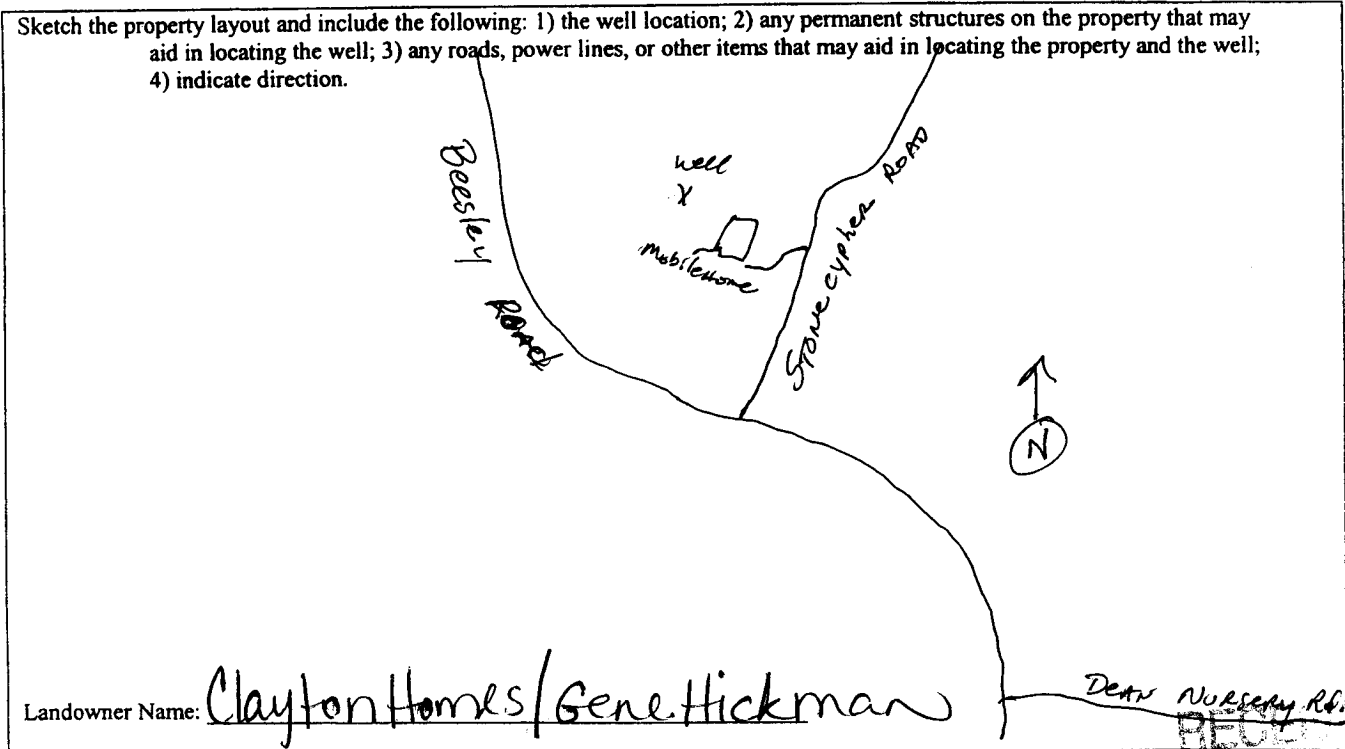
Ground Level

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Description of Formations Encountered	From	To
Topsoil	0	2
Orange Clay	2	55
Brown coarse sand	55	82
Orange Clay	82	100
Brown coarse sand	100	124

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



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Signature of Water Well Contractor

DEAR NURSERY RD.  
 RECEIVED  
 JUL 25 2016  
 BY: [Signature]

# 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)

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv  
 Date completed: 6/28/12

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L214  
 Elevation: \_\_\_\_\_

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>Clayton Homes/Gen. Hickman</u>	Latitude: <u>30° 44' 57.72"</u> Longitude: <u>088° 33' 28.32"</u>
Mailing Address: <u>Stonecypher Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</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 35 Twn 73S Rng R6W</u>
Telephone No. <u>(601) 716-10812</u>	Distance Direction Nearest Town
	<u>4 1/2 Miles SW of Agricola</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>1 HP</u>
Date Pump Installed: <u>6/29/12</u>	Setting Depth: <u>110FT Dropline</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/29/12</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</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>30</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>5</u> hours	

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

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