

# 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 #: A-92  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well SRV  
Date drilling completed: 11-13-06

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>L. Dean Faulk</u>	Latitude: <u>30° 43' 12.3"</u> Longitude: <u>088° 44' 40.8"</u>
Mailing Address: <u>Hwy 57</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Vanceleave Ms 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>N1/4 NE 1/4 Sec 12 Twn T4S Rng R8W</u>
Telephone No. ( ) _____	Distance <u>12</u> Miles Direction <u>N</u> of Nearest Town <u>VANCELEAVE</u>

### Well Data

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

Date well drilling started: \_\_\_\_\_ Date well drilling completed: 11-13-06

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 11-13-06

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

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: .004 inches Setting depth: From 100 feet to 110 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: \_\_\_\_\_ 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.

John Redd  
Signature of Water Well Contractor

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DEC 15 2006

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 #: A-92

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

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 11-13-06

**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>L. Dean Faulk</u>	Latitude: <u>30°43'12.3"</u> Longitude: <u>088°44'40.8"</u> <span style="margin-left: 150px;"><u>07</u></span> <span style="margin-left: 150px;"><u>24</u></span>
Mailing Address: <u>Hwy. 57</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vanderve MS 39505</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>N/W</u> 1/4 <u>N/E</u> 1/4 Sec <u>12</u> Twn <u>T4S</u> Rng <u>R8W</u>
Telephone No. <u>(601) _____</u>	Distance Direction Nearest Town <u>12</u> Miles <u>N</u> of <u>VANCLEAVE</u>

Pump Type Circle one	Power Type Circle one
Air Lift                  Jet                  Submersible	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</u>
Date Pump Installed: <u>11-14-06</u>	Setting Depth: <u>40 ft drop pipe</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-14-06</u>	<u>Air Line</u> Electric Measuring Line                  Steel Tape
Static Water Level (A): <u>10</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 _____ GPM with a drawdown of
Test Pumping Rate: <u>8</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>4</u> hours	

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

John Elkins 0-710P                  [Signature]                  **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer                  DEC 15 2006

BY: OLWF