

# STATE WELL REPORT

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells, Inc  
 Date drilling completed: 5-9-17

Part 1  
 Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

**For Office Use Only:**  
 Well #: A166  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Well Owner Information</b>          (Landowner if borehole is not for a water well)          Owner Name: <u>Renee Codella</u>          Mailing Address: <u>Old Biloxi Road</u>  <u>Vancleave, Ms 39565</u>          City State Zip Code          Telephone No. <u>228 324-9909</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>30°40'35.88"</u> Longitude: <u>088°48'20.16"</u>          Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SE<sup>SW</sup> 1/4 SE 1/4, Sec 20 T 4S R 8W</u>  <u>12</u> Miles <u>NW</u> of <u>Vancleave</u>          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**  
 Date drilling started: 5-9-17 Date drilling completed: 5-9-17 Hole depth: 280 FT Hole diameter: 2"  
 Location of the source of any surface water used for drilling: 1 gal per 1000 Drilling 2 gal in Well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 125 feet [above or  below] land surface Date measured: 5-9-17  
 Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_  
 Well depth: 280 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 265 feet Casing diameter: 2 inches Type of casing: PVC  
 Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC  
 Screen slot size: .006 inches Setting depth: From 265 feet to 280 feet  
 Type of completion (circle all applicable): Gravel packed  Underreamed  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 next page*

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 MAY 5 2017  
 BY OLWR

County: JACKSON

Permit #: \_\_\_\_\_

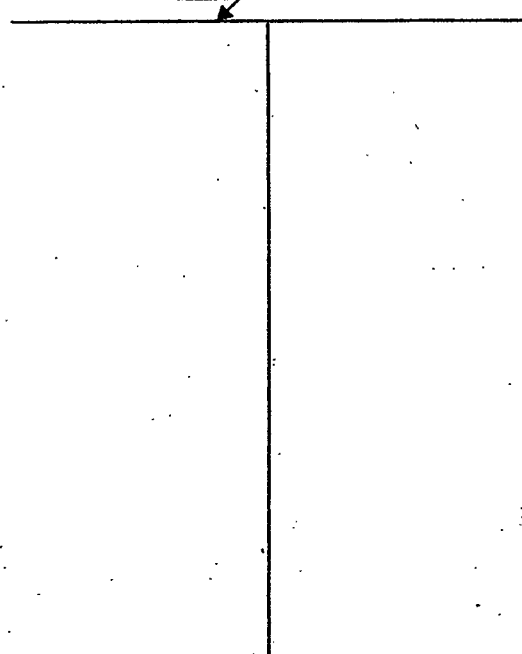
**For Office Use Only:**

Well #: A166

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



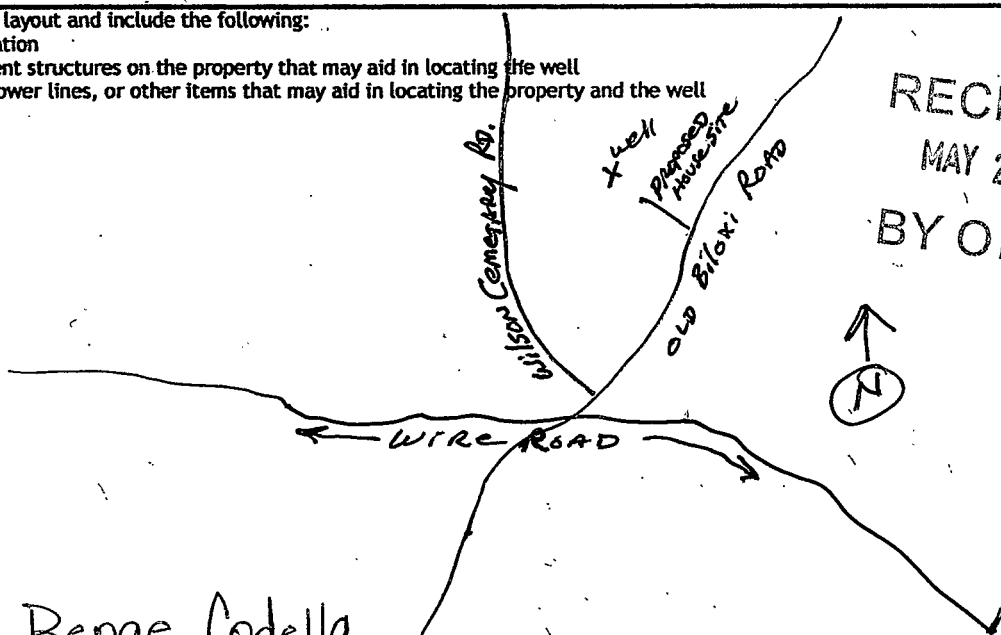
If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Orange Clay	2	30
Blue Clay	30	259
Gray Coarse Sand	259	280

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) north arrow



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Landowner Name: Renae Codella

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JACK RIDGELL 0-472

5/9/17

Jack Ridgell

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Waterwell SRV.  
 Date completed: 5-9-17  
Copy information from block on Part 1

**For Office Use Only:**

Well #: A  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Renee Codella</u>                  Mailing Address: <u>Old Biloxi Road</u>  <u>Vanceleave, Ms 39565</u>                  City State Zip Code                  Telephone No. <u>678 324-9909</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>30°40'35.88"</u> Longitude: <u>088°48'20.16"</u>                  Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SESW 1/4 SE 1/4, Sec 20 T 48 R 8W</u>  <u>12</u> Miles <u>NW</u> of <u>Vanceleave</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5/26/17 Rated Pump Capacity: 6 Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 2 HP Setting Depth: 140 FT feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5/26/17 Duration of Pump Test (minimum 4 hours): 6 hours  
 Static Water Level (A): 125 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 5.8 Gallons Per Minute  
 Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet. N/A  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: N/A RECEIVED  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_ JUN 21 2017  
 Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR  
 Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Jack Ridgell 0472 5/26/17 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer