

# 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 #: B-82  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 2-13-09

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>David Haines</u>	Latitude: <u>30° 40' 07.3"</u> Longitude: <u>088° 41' 14.0"</u>
Mailing Address: <u>22400 Old River Rd.</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>NE 1/4 SE 1/4 Sec 28 Twn 74 S Rng RTW</u>
Telephone No. <u>(228) 229-6263</u>	Distance <u>8.5</u> Miles Direction <u>North</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: 2-12-09 Date well drilling completed: 2-13-09

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 2-13-09

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

Hole depth: 212 FT Well depth: 212 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 197 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 197 feet to 212 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.

Jack Ridgell  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

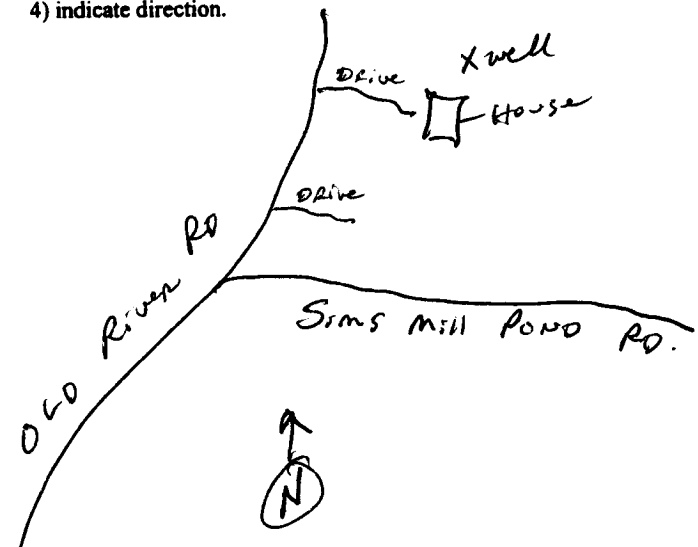
Ground Level

A large empty rectangular box for sketching well telescopes, with a horizontal line at the top labeled 'Ground Level'.

Description of Formations Encountered	From	To
Top soil	0	2
Orange clay	2	16
Orange coarse sand	16	40
Blue clay	40	196
Gray medium to coarse sand	196	212

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.



Landowner Name: David Haines

*Jordan Ritzdell*  
 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 #: B-82  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 2-13-09

**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**

Owner Name: David Haines  
 Mailing Address: 22400 Old River Rd.  
Vance, Ms 39565  
City State Zip Code  
 Telephone No. 228 229-6263

**Well Location**

Latitude: 30°40'07.3" Longitude: 088°41'14.0"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 SE 1/4 Sec 28 Twn 45 Rng R7W  
 Distance Direction Nearest Town  
8.5 Miles North of Vance

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 2-13-09  
 Rated Pump Capacity: 5.5 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine  Gasoline Engine  Natural Gas  
 Electric Motor  Hand  Tractor PTO  
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 2 HP  
 Setting Depth: 160 FT - Drop pipe feet  
 Number of Stages: 3

**Pump Test Data**

Date Well Tested: 2-13-09  
 Static Water Level (A): 135 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: 5.5 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 5 hours

**Method of Measuring Water Level**  
Circle one

Air Line  Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded 12 GPM with a drawdown of  
N/A feet after N/A hours of pumping

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

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

Jack Ridgdell  
 Signature of Pump Installer

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