

# 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)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 5-14-10

For Office Use Only:  
Aquifer: B 89  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>James B. Snow</u>	Latitude: <u>30.39.331"</u> Longitude: <u>088.40.096"</u>
Mailing Address: <u>21607 Old River Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>20</u> <u>40</u> <u>42</u>
<u>Vanceleave, MS 39565</u>	USGS quad: <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> ✓
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 34</u> ✓ <u>Twn T 45</u> ✓ <u>Rng R 7 W</u>
Telephone No. <u>(228) 990-4220</u>	NW Distance <u>8 1/2</u> Miles Direction <u>NORTH</u> of <u>Vanceleave</u>

**Well Data**

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

Date well drilling started: 5-14-10 Date well drilling completed: 5-14-10

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 5-14-10

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

Hole depth: 119 FT. Well depth: 119 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 109 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 109 feet to 119 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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B89

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange Clay	2	70
Brown Coarse Sand	70	105
Orange Clay	105	107
Brown Coarse Sand	107	119

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.

The sketch shows a property layout with several roads: 'Dirt Drive' at the top, 'Natural King Rd' in the middle, 'Busby Rd' at the bottom, and 'Old River Rd' on the right side. A 'well' is marked with an 'X' near the top center. A 'mobile home' is indicated by a rectangle to the right of the well. A north arrow is drawn on the right side of the sketch.

Landowner Name: Jimmy Snow

*James Ruppel*  
 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: B89  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells, Inc.  
 Date completed: 5-14-10

**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>James B. Snow</u>	Latitude: <u>30° 39' 331"</u> Longitude: <u>088° 40' 696"</u>
Mailing Address: <u>21607 Old River Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vanceleve, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City                      State                      Zip Code	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>34</u> Twn <u>T45</u> Rng <u>R7W</u>
Telephone No. <u>228, 990-4220</u>	Distance                      Direction                      Nearest Town
	<u>8 1/2</u> Miles <u>NORTH</u> of <u>Vanceleve</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>5-15-10</u>	Setting Depth: <u>100 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>6</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-15-10</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>85</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>6</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>6 1/2</u> 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)

Jan Ridgell  
 Signature of Pump Installer

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