County: Jackson

Permit #:

Driller: Coast Water Wells RV.

Date drilling completed: 3-17-11

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: E180

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

Owner Name: Jason Hitt

Mailing Address: John Smith Rd.

Vancleave, MS 39565
City State Zip Code

Telephone No. 228 860-5044

Well Location

Latitude: 30°34'59.28" Longitude: 088°49'57.90"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS

SE ¼ NW ¼ Sec 30 Twn T5S Rng R8W

Distance 9 Miles Direction West NW of Nearest Town Vancleave, Ms.

Well Data

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

Date well drilling started: 3-17-11 Date well drilling completed: 3-17-11

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 3-17-11

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

Hole depth: 225 FT. Well depth: 225 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 215 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 215 feet to 225 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole (Natural Development)

Other (describe): N/A

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 Ridgdell 0472
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
APR 13 2011
BY:

Lewis Printing - Pascagoula, MS

E180

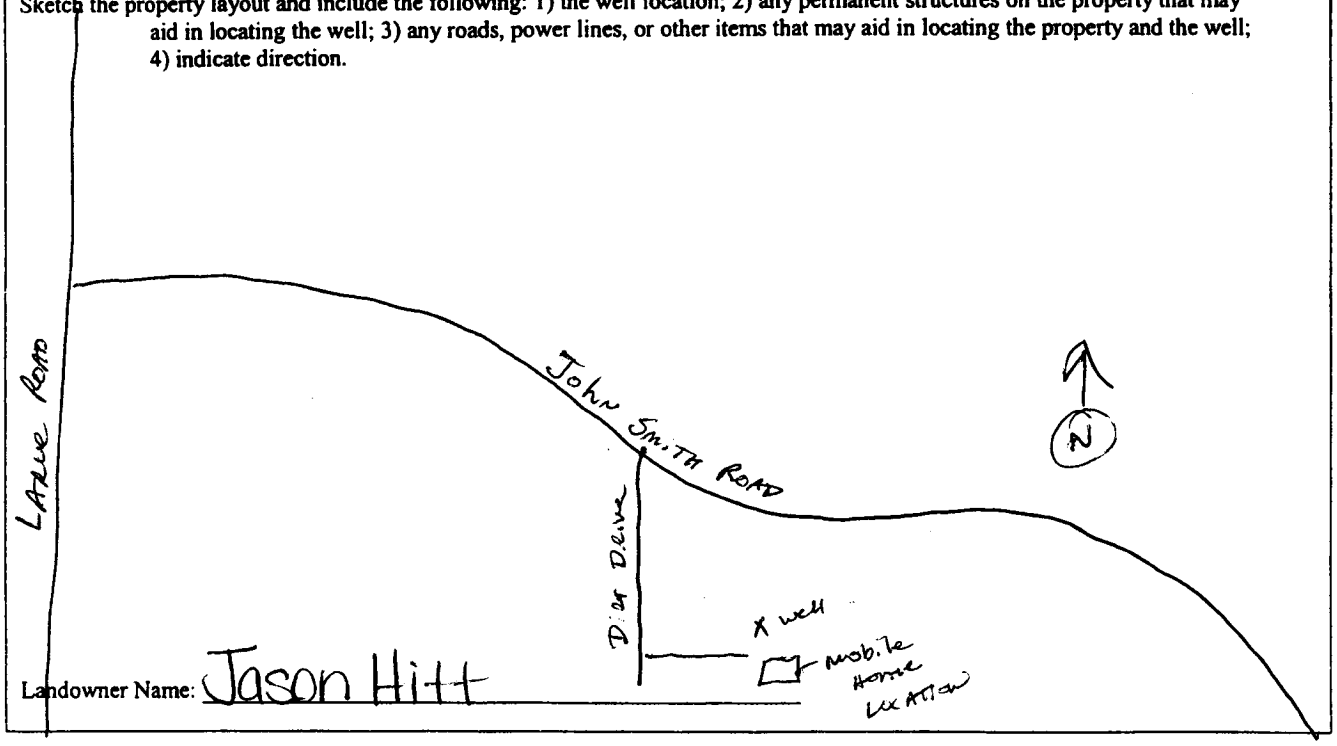
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOPSOIL	0	1
Orange Clay	1	70
Brown Coarse Sand	70	80
Blue Clay	80	211
Gray Medium Sand	211	225

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: Jason Hitt

Signature of Water Well Contractor

RECEIVED
APR 13 2011
BY: DNR

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: Jackson
Permit #:
Driller: CoastWaterWellSrv.
Date completed: 3-17-11

For Office Use Only:
Aquifer:
Well #:
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

Owner Name: Jason Hitt
Mailing Address: John Smith Rd.
Vancleave, MS 39565
City State Zip Code
Telephone No. 228 860-5044

Well Location

Latitude: 30°34'59.22" Longitude: 088°49'57.90"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
SE ¼ NW ¼ Sec 30 Twn T5S Rng R8W
Distance Direction Nearest Town
9 Miles WNW of Vancleave

Pump Type
Circle one

Air Lift	(Jet)	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 3-18-11
Rated Pump Capacity: 7 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: 1 HP
Setting Depth: 80FT. Drop Pipe, feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 3-18-11
Static Water Level (A): 65 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: 7 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 20 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 0472
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED
APR 13 2011
BY: OLWR