

# STATE WELL REPORT

## 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)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well SVK  
Date drilling completed: 10-29-14

**For Office Use Only:**  
Well #: E204  
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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Micki Dier</u>	Latitude: <u>30°38'40.98"</u> Longitude: <u>088°47'27.48"</u>
Mailing Address: <u>10876 Oneal Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u>	<u>NE 1/4 NW 1/4, Sec 4 T 55 R 8W</u>
City State Zip Code	<u>10</u> Miles <u>NW</u> of <u>Vanceleave</u>
Telephone No. <u>228 219-6983</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-27-14 Date drilling completed: 10-27-14 Hole depth: 525 FT Hole diameter: 4" X 2"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well

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: 110 feet (above or below land surface (circle one) Date measured: 10-29-14

Method of measurement (circle one): Steel tape \_\_\_\_\_ Electric tape \_\_\_\_\_ Air line \_\_\_\_\_ Other (describe): \_\_\_\_\_

Well depth: 525 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 260 X 4" PVC feet Casing diameter: 4" X 2" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 495 feet to 525 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 260 feet

*If telescoped or more than one screen, describe on next page*

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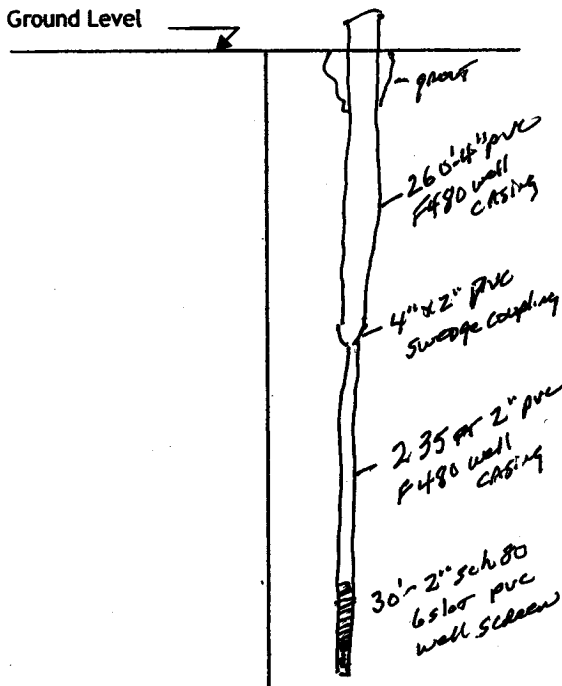
Form: OLWR-SWR-1A (4/13)  
BY: OLWR

County: Jackson  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: E 204

The sketch below only required for water wells

If well telescopes, show depths on sketch.

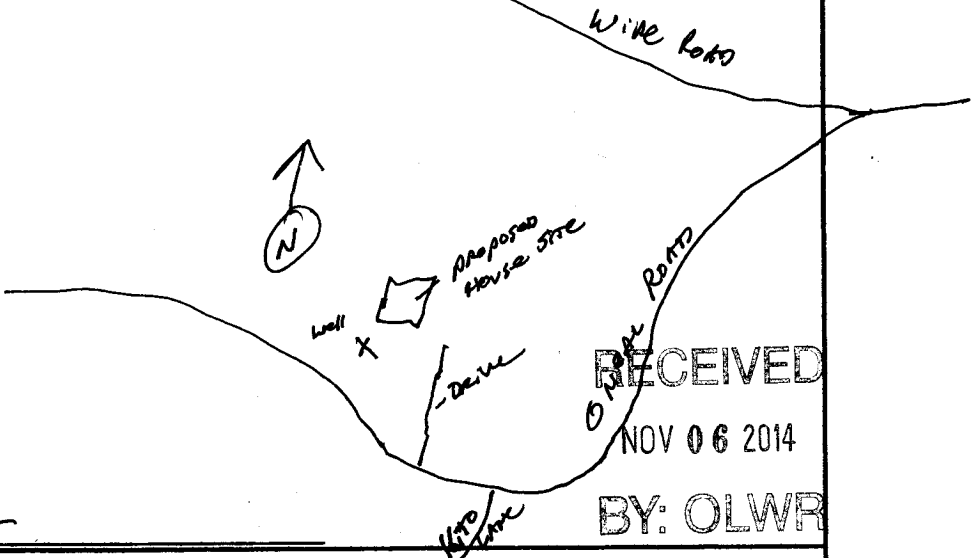


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Orange Clay	2	10
Orange coarse	10	20
Blue clay	20	90
Brown coarse sand	90	130
Blue clay w/str. of sand	130	470
Gray medium to coarse sand	470	525

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) north arrow



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 BY: OLWR

Landowner Name: Micki Dier

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 Ridadell 0-472 10/31/14  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 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 Water Wells sv
Date completed: 10-29-14
Copy information from block on Part 1

For Office Use Only:
Well #: E 204
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.

Well Owner Information: Micki Dier, 1087 1/2 Oneal Road, Vanleave, MS 39565, Telephone No. 228 219-6983
Well Location: Latitude: 30° 38' 40.98", Longitude: 088° 47' 27.48"
Method of Lat/Long: Conventional Survey
USGS quad: NE 1/4 NW 1/4, Sec 4 T.55 R.8W
10 Miles NW of Vanleave

Pump Type (circle one): Submersible
Date Pump Installed: 10-30-14
Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 1HP
Setting Depth: 180 FT
Number of Stages: 15

Pump Test Data for Non Flowing Well
Date Well Tested: 10-30-14
Duration of Pump Test: 6 hours
Static Water Level (A): 110 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: 12 Gallons Per Minute
Method of measurement (circle one): Air line

Pump Test Data for Flowing Well
Measured shut in head: N/A feet
Well yielded N/A GPM with a drawdown of N/A feet after N/A hours of pumping

Meter Installation
Meter Manufacturer:
Meter Serial Number:
Meter Model Number/Name: N/A
Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date:
Meter installed by:
Is This Meter (circle one): New
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 0-472 10/31/14
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-1B (4/13)
NOV 06 2014

BY: OLWR