

# STATE WELL REPORT

## Part I

### 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 #: E 205  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc  
Date drilling completed: 10-8-14

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Paul Allen</u>	Latitude: <u>30° 36' 25.14"</u> Longitude: <u>088° 51' 1.38"</u>
Mailing Address: <u>Larue Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanclave, Ms 39565</u>	USGS quad <u>SW 1/4 SW 1/4, Sec 24 T 5 S R 9 W</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>WNW</u> of <u>Vanclave</u>
Telephone No. <u>228 354-0002</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-8-14 Date drilling completed: 10-8-14 Hole depth: 180 FT Hole diameter: 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): Backup Well Use - Emergency Use

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 38 feet [above or  below] land surface Date measured: 10-8-14

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

Well depth: 180 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 170 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 170 feet to 180 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*

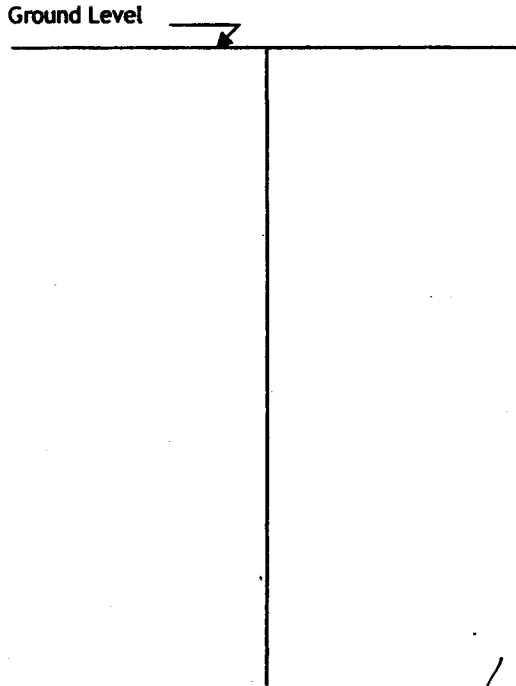
County: Jackson  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: E205

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
orange clay w/str. of sand	2	60
orange coarse sand	60	94
blue clay	94	150
brown coarse sand	150	180

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

Landowner Name: Paul Allen

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    10/10/14    [Signature]  
 Print Name of Responsible Licensee and License No.    Date    Signature of Licensee

RECEIVED  
 OCT 20 2014  
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# 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 Well Svc  
 Date completed: 10-8-14  
Copy information from block on Part 1

**For Office Use Only:**

Well #: E 205  
 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	Well Location
Owner Name: <u>Paul Allen</u>	Latitude: <u>30°36'25.14"</u> Longitude: <u>088°51'1.38"</u>
Mailing Address: <u>Larue Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vance, MS 39565</u>	<u>NW 1/4 NW 1/4, Sec 24 T 5 S R 9 W</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>WNW</u> of <u>Vance</u>
Telephone No. <u>(601) 354-0002</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary  Other (describe): HAND PUMP (ROD)

Date Pump Installed: 10-14-14 Rated Pump Capacity: 4-5 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): HAND PUMP (ROD)

Horse Power Rating of Motor: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-14-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 38 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: 4-5 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.

Well yielded \_\_\_\_\_ GPM with a drawdown of N/A feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ 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  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 0-472 10/15/14 Jack Ridgell

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer