

# 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 #: F-207 (55)  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 9-9-04

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>Mark Mohler</u>	Latitude: <u>30° 34' 15"</u> Longitude: <u>088° 41' 39"</u> <u>36</u> <u>39</u>
Mailing Address: <u>116108 Lake Drive East</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 <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 Twn T55 Rng A7W</u>
Telephone No. <u>228) 826-</u>	Distance Direction Nearest Town <u>3 1/2 Miles N of Vanceleave</u>

**Well Data**

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

Date well drilling started: 9-9-04 Date well drilling completed: 9-9-04

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 9-9-04

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

Hole depth: 265 Well depth: 265 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 255 feet to 265 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

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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

If well telescopes please sketch below and show depths.

Ground Level

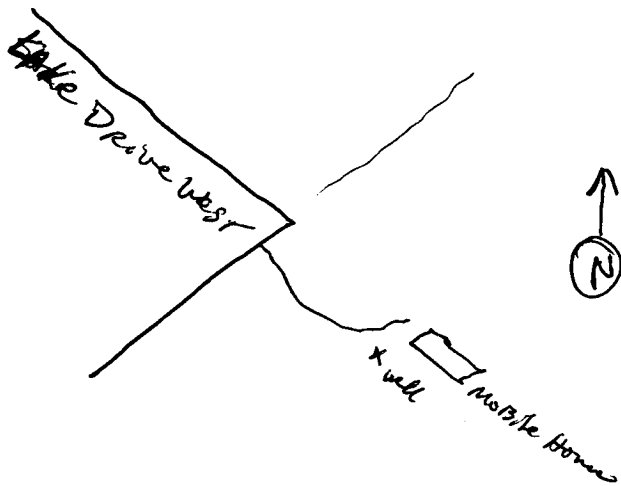
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Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	20
Brown Coarse Sand	20	84
Blue Clay	84	210
GRAY Coarse Sand	210	365

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.

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Landowner Name: Mohler

Jack Reddell  
Signature of Water Well Contractor

# 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 #: <u>F-207</u>
Elevation: _____

County: <u>Jackson</u>
Permit #: _____
Driller: <u>Coast Water Wellsrv</u>
Date completed: <u>9-9-04</u>

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>Mark Mohler</u>	Latitude: <u>30° 34.615"</u> Longitude: <u>088° 41.649"</u>
Mailing Address: <u>116108 Lake Drive East</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 1/4 SW 1/4 Sec 28 Twn 5S Rng R7W</u>
Telephone No. <u>228 826-3932</u>	Distance Direction Nearest Town
	<u>3 1/2 Miles NNW of Vanceleve</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1 H.P. STA-RITE</u>	Horse Power Rating of Motor: <u>1 H.P.</u>
Date Pump Installed: <u>10-13-04</u>	Setting Depth: <u>80' drop pipe feet</u>
Rated Pump Capacity: <u>6.5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>65</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>6.5</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

David Moyer 0-714P  
 Print Name of Pump Installer and License No. (if applicable)

David Moyer  
 Signature of Pump Installer

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NOV 01 2004  
**BY: OLWR**