

# 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. 214  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson <sup>059</sup>  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv  
 Date drilling completed: 11-2-04

Coastal Water Well Service, Inc

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>Norma Sentelle</u>	Latitude: <u>30° 38' 41" N</u> Longitude: <u>088° 40' 12" W</u>
Mailing Address: <u>Old River Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>07</u>
<u>Vancleave, MS 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 3 Twn T5S Rng R7W</u>
Telephone No. <u>(228) 826-2610</u>	NE Direction Nearest Town <u>8</u> Miles <u>NORTH</u> of <u>Vancleave</u>

**Well Data**

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

Date well drilling started: 11-1-04 Date well drilling completed: 11-2-04

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

Static Water Level: 130' feet above or below (circle one) land surface Date measured: 11-2-04

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

Hole depth: 229' Well depth: 229' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 214 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 214 feet to 229 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 Ridgdell 0-472  
 Print Name of Water Well Contractor and License No.

Jack Ridgdell  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

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F-214

Ground Level F-214

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Description of Formations Encountered	From	To
TOP Soil	0	2
orange Clay	2	22
Brown Coarse Sand	22	40
White Clay	40	90
Brown Coarse Sand	90	115
Blue clay	115	200
Gray Medium + Coarse Sand	200	227

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 the following features: a well marked with a dot; a driveway leading to a house represented by a square; a circular 'Fairley Loop' road; 'Red Hill Church' in an oval; and 'Old River' represented by a vertical line on the right. A north arrow is drawn in the upper right corner.

Landowner Name: Norma Sentelle

*John Reddell*  
 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: \_\_\_\_\_

Well #: F-214 59

Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Const Water Wells sv  
 Date completed: 11-2-04

**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>Norma Sentelle</u>	Latitude: <u>30° 38' 686"</u> Longitude: <u>088° 40' 125"</u>
Mailing Address: <u>Old River Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vanceleave MS 391565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City                      State                      Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>3</u> Twn <u>T5S</u> Rng <u>R7W</u>
Telephone No. <u>228 826-2610</u>	Distance                      Direction                      Nearest Town
	<u>8</u> Miles <u>North</u> of <u>Vanceleave</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): <u>2 HP Goulds</u>	Horse Power Rating of Motor: <u>2 HP Goulds</u>
Date Pump Installed: <u>11-18-04</u>	Setting Depth: <u>150' 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>11-18-04</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>130</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>NA</u> Feet Below Land Surface	Well yielded <u>N/A</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>10</u> hours	

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

<u>Jack Rodgers 0472</u> Print Name of Pump Installer and License No. (if applicable)	<u>Jack Rodgers</u> Signature of Pump Installer
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