

# 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 #: E-217  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellsrv  
Date drilling completed: 11-10-04

Coast 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

Owner Name Michael + Lindsey Barton  
Mailing Address: P.O. Box 5891  
Vanceleave MS 39565  
City State Zip Code  
Telephone No. (228) 326-9517

### Well Location

Latitude: 30° 35' 48" Longitude: 088° 39' 58"  
Method of Lat/Long (circle one): Conventional Survey, 30  
USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 SW 1/4 Sec 23 Twn 75S Rng R7W  
Distance Direction Nearest Town  
5 Miles NORTH of Vanceleave

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 11-9-04 Date well drilling completed: 11-10-04  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 110 feet above or below (circle one) land surface Date measured: 11-10-04  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 273 Well depth: 273 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 258 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 258 feet to 273 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 Ridgell 0-472  
Print Name of Water Well Contractor and License No.

Jack Ridgell  
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-217

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

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wellsrv.  
 Date completed: 11-10-04

**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>Michael + Lindsey Barton</u>	Latitude: <u>30° 35' 686"</u> Longitude: <u>088° 39' 508"</u>
Mailing Address: <u>P.O. Box 5891</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vanderveave MS 39565</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(228) 326-9517</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> Twn <u>T5S</u> Rng <u>R7W</u>
	Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Vanderveave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): <u>2 H.P. Goulds</u>	Horse Power Rating of Motor: <u>2 H.P. Goulds</u>
Date Pump Installed: <u>11-15-04</u>	Setting Depth: <u>140' 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>11-15-04</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>110</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 <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>4</u> hours	

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

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

David Moye  
 Signature of Pump Installer

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