

# 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-224  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellsrv.  
Date drilling completed: 1-24-05

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>Robert + Jennifer Hickman</u>   | Latitude: <u>30° 34' 31.6"</u> Longitude: <u>88° 42' 54.6"</u> |
| Mailing Address: <u>5908 Rolling Hills Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, _____    |
| <u>Vanceleave 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 32 Twn 75S Rng R2W</u>                    |
| Telephone No. <u>(228) 826-3920</u>            | Distance Direction Nearest Town                                |
|  | <u>3 1/2 Miles NW of Vanceleave</u>                            |

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 1-24-05 Date well drilling completed: 1-24-05  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 1-24-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 90 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 90 feet to 100 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 Riddell 0-472  
Print Name of Water Well Contractor and License No.

Jack Riddell  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level **F-224**


| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Soil                              | 0    | 2   |
| Orange + White Clay                   | 2    | 24  |
| White Coarse Sand                     | 24   | 100 |
|                                       |      |     |
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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 bounded by Sierra Lane on the left and Rolling Hills Drive on the bottom. A house is drawn in the center, with a well located directly below it. A north arrow is drawn on the right side of the property.

Landowner Name: Robert + Jennifer Hickman

  
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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wellserv.  
 Date completed: 1-24-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-224  
 Elevation: \_\_\_\_\_

**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>Robert + Jennifer Hickman</u>   | Latitude: <u>30°34'316"</u> Longitude: <u>088°42'546"</u> |
| Mailing Address: <u>5908 Rolling Hills Dr.</u> | Method of Lat/Long (circle one): Conventional Survey,     |
| <u>Vanleave 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 32 Twn T55 Rng R7W</u>               |
| Telephone No. <u>(228) 826-3920</u>            | Distance Direction Nearest Town                           |
|  | <u>3 1/2</u> Miles <u>NW</u> of <u>Vanleave</u>           |

| Pump Type<br>Circle one   | Power Type<br>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 HP</u>  | Horse Power Rating of Motor: <u>1 HP</u>   |
| Date Pump Installed: <u>1-31-05</u>   | Setting Depth: <u>Drop pipe 40'</u> feet   |
| Rated Pump Capacity: _____ Gallons Per Minute                                   | Number of Stages: <u>2</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>1-31-05</u>                            | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>20</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>9</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>9</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>6</u> hours     |  |

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

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

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