

# 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-231  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells sv  
Date drilling completed: 3-25-05

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 Necaise</u>	Latitude: <u>30° 34' 16.5"</u> Longitude: <u>088° 41' 28.8"</u>
Mailing Address: <u>McGregor Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>10</u>
<u>Vanceleave Ms 39563</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 33 Twn T55 Rng R7W</u>
Telephone No. <u>(601) 669-7027 cell*</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NORTH</u> of <u>Vanceleave</u>

**Well Data**

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

Date well drilling started: 3-25-05 Date well drilling completed: 3-25-05

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 3-25-05

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

Hole depth: 104' Well depth: 104' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94 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 94 feet to 104 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

RECEIVED

Note: Mr Necaise is a licensed driller complete & send in part 2  
APR 27 2005  
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

**F-231**

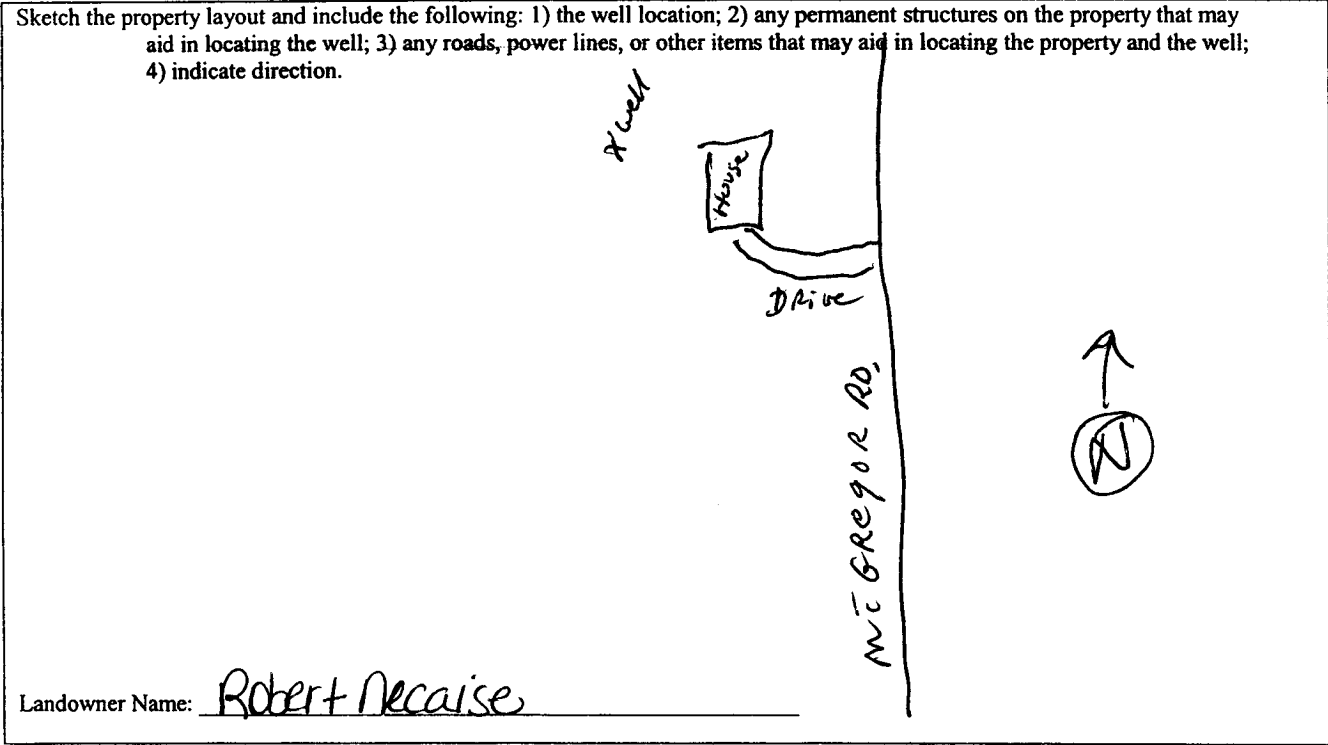
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP Soil	0	1
Orange + White Clay	1	14
Soft Pink Clay	14	40
White Medium-Coarse Sand	40	104

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.



Landowner Name: Robert Decaise

Signature of Water Well Contractor

RECEIVED  
 APR 27 2005  
 BY: OLWR

### 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 39288-0631  
 (601)361-5210  
 (601)354-6738 (fax)

For Office Use Only

Aquifer:

Well #: F-231

Flowrate:

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Title: COAST WATER  
 Date completed: 3-25-05  
 Form Information Form Blank on Part 1

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>SALLY MC CULLY</u>	Latitude: <u>30-34 16 S</u>	Longitude: <u>088 41-288 W</u>	
Mailing Address: <u>MC GRACKER RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>		
<u>UACLOVER MS 39563</u>	USGS quad: _____	Bound-bird GPS: _____	Survey-grade GPS: _____
City: _____ Year: _____ Zip Code: _____	SW 1/4 NE 1/4 Sec: <u>33 T 5 S R 7 W</u>		
Telephone No: <u>228 669-7027</u>	Distance: <u>3 Miles</u>	Direction: <u>N</u>	Nearest Town: <u>UACLOVER</u>

Pump Type Circle one			Power Type Circle one		
Air Lift: <input checked="" type="radio"/> Jet	<input type="radio"/> Submersible		Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
Diaphragm: <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): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump installed: _____			Setting Depth: <u>UNKNOWN</u> feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: _____		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured stand in back: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (maximum 4 hours): _____ hours	

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

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

OWNER  
 Signature of Pump Installer