

# 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-273  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SRV.  
Date drilling completed: 3-28-06

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: Craig May  
Mailing Address: 20521 Busby Rd.  
Vanceave, Ms 39565  
City State Zip Code  
Telephone No. 228-219-2121

### Well Location

Latitude: 30° 38' 35" Longitude: 088° 41' 37"  
Method of Lat/Long (circle one): Conventional Survey, 20  
USGS quad, Hand-held GPS Survey-grade GPS  
NW 1/4 SW 1/4 Sec 4 Twn T55 Rng R7W  
Distance 8 Miles Direction North of Nearest Town Vanceave

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-27-06 Date well drilling completed: 3-28-06  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 75 feet above or below (circle one) land surface Date measured: 3-28-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 280' Well depth: 280' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 265 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 265 feet to 280 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.

F-273

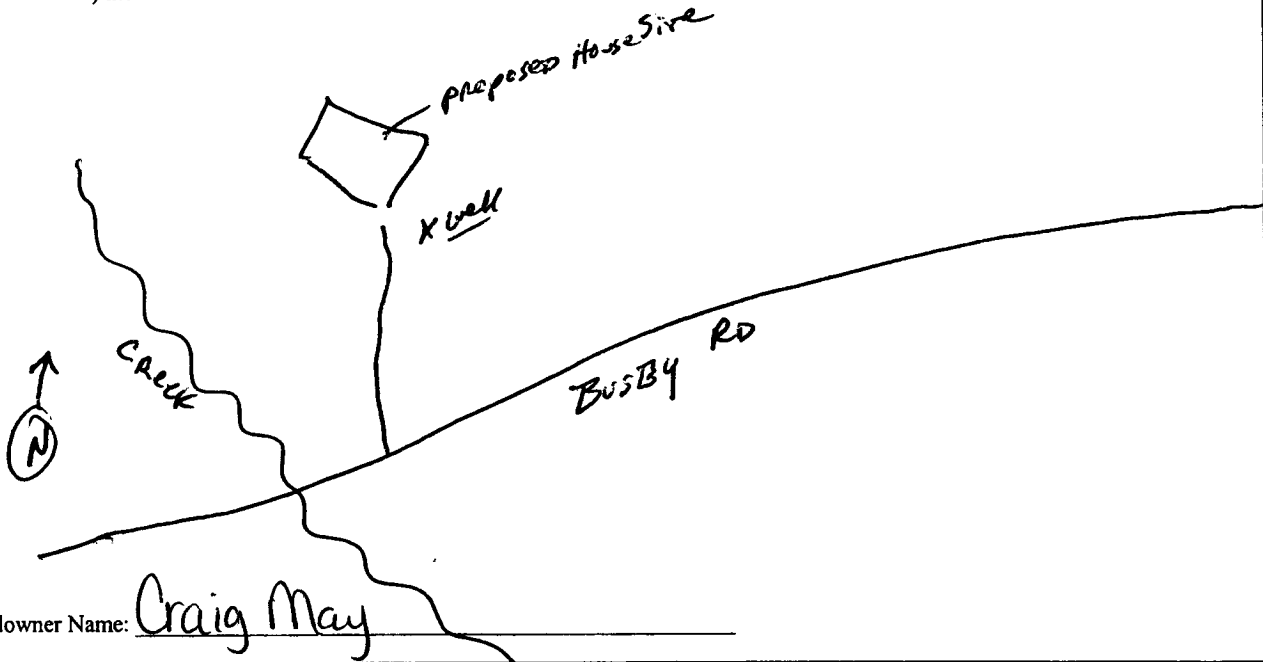
Ground Level

Empty box for sketching well telescopes and depths.

Description of Formations Encountered	From	To
Top Soil	0	1
Blue clay	1	26
Blue clay	26	94
Gray Medium to Coarse Sand	94	118
Blue Clay w/ streaks of Sand	118	263
Gray Coarse Sand	263	280

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.



Signature of Water Well Contractor  
*John Pridemore*

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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 Wells Serv.  
 Date completed: 3-28-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-273  
 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>Craig May</u>	Latitude: <u>30°38'33.5"</u> Longitude: <u>088°41'60.0"</u>
Mailing Address: <u>20521 Busby Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Vancleave Ms 39565</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>4</u> Twn <u>T55</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 219-2121</u>	<u>8</u> Miles <u>North</u> of <u>Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jef</u> <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <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>2 HP</u>
Date Pump Installed: <u>3-30-06</u>	Setting Depth: <u>100 FT. Droppipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-06</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>75</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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>4.5</u> hours	

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

Jack Ridgdell 0-472 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAY 03 2006

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