

# 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-300  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Serv.  
Date drilling completed: 10-13-06

**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	Well Location
Owner Name: <u>Randy Coker</u>	Latitude: <u>30° 35' 36"</u> Longitude: <u>088° 39' 37"</u>
Mailing Address: <u>Millcrest Estates</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, _____
<u>LOT # 2</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vancleave MS 39565</u>	<u>SW 1/4 SE 1/4 Sec 23</u> Twn <u>T55</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 434-0495</u>	<u>4 7/8</u> Miles <u>N</u> of <u>VANCLEAVE</u>

**Well Data**

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

Date well drilling started: 10-11-06 Date well drilling completed: 10-13-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 10-13-06

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

Hole depth: 274' Well depth: 274' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 264 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 264 feet to 274 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.

[Signature]  
Signature of Water Well Contractor

**RECEIVED**  
OCT 23 2006  
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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: F-300

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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv.  
 Date completed: 10-13-06

**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>Randy Coker</u>	Latitude: <u>30°35'346"</u> Longitude: <u>088°39'399"</u>
Mailing Address: <u>Hillcrest Estates</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lot # 2</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Vanceleave MS 39565</u>	<u>SW 1/4 SE 1/4 Sec. 23 Twn T5S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 424-0495</u>	<u>4 7/8</u> Miles <u>N</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11-1-06</u>	Setting Depth: <u>180 FT. Droppipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>N/A</u> feet after <u>6</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.

John Elkins 0-716P John Elkins 0-716P  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 07 2006  
 BY: OLWP