

30° 35.614  
37

088° 39.474  
28

# 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)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Inc  
 Date drilling completed: 2-16-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-327  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Tom Gonzalez</u>                  | Latitude: <del>30 35 41N</del> Longitude: <del>088 39 47W</del>  |
| Mailing Address: <u>17313 Popcorn Ave.</u>       | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS |
| <u>Vanderve, MS 39565</u><br>City State Zip Code | <u>NE 1/4 SW 1/4 Sec 23 Twn T5S Rng R7W</u>  |
| Telephone No. <u>(228) 297-4166</u>              | Distance Direction Nearest Town<br><u>5</u> Miles <u>NE</u> of <u>Vanderve</u>                               |

**Well Data**

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

Date well drilling started: 2-15-07 Date well drilling completed: 2-16-07

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 2-16-07

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

Hole depth: 270' Well depth: 270' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 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 260 feet to 270 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: \_\_\_\_\_ 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 Bidgdell 0-472  
Print Name of Water Well Contractor and License No.

Jack Bidgdell  
Signature of Water Well Contractor

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BY: OLWR



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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-327

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

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wellsrv.  
Date completed: 2-16-07

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>Tom Gonzalez</u>                  | Latitude: <u>30° 35.614'</u> Longitude: <u>088° 39.474'</u>   |
| Mailing Address: <u>17313 Popcorn Ave.</u>       | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Vandœuvre MS 39565</u><br>City State Zip Code | <u>NG 1/4 SW 1/4 Sec 19 Twn T55 Rng R7W</u>   |
| Telephone No. <u>228 297-4166</u>                | Distance Direction Nearest Town<br><u>.5 Miles NE of Vandœuvre</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               | <u>Electric Motor</u> <input checked="" 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>2-17-07</u>   | Setting Depth: <u>120 Ft. drop pipe</u> feet  |
| Rated Pump Capacity: <u>6.5</u> Gallons Per Minute                              | Number of Stages: <u>3</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>2-17-07</u>                            | <u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>105</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>6.5</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>6.5</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 1/2</u> hours |   |

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

Jack Ridgell 0-472  
Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell  
Signature of Pump Installer

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BY: OLWR