	State W	eli Report	For Office Use Only:		
County: DCKSON	<del>-</del>	art 1	For Office Use Only.		
County: COUNTY	Mississippi Departmen	t of Environmental Quality	Aquifer:		
Permit #:		nd Water Resources	Well #:		
Driller: Coast Water Wellsey		Sox 10631 IS 39289-0631	L. S. Elevation:		
Date drilling completed: 9-10-08		961-5210	L. S. Elevanon.		
Date drining completed.		4-6938 (fax)	E-log #:		
		deillow in dotail and filed w	ith the Department within		
State Law requires that this repo	ort be prepared by the	driner in detail and theu w	th the Department within		
Well Owner Informa	tion	Well	Location		
Owner Name Lee EHa Smit	<u>h</u>	Latitude: <u>30 ° 35 ° 59</u> 0	" Longitude: 088 • 42 · 441 "		
Mailing Address: 5884 Waltr			ie): Conventional Survey,		
		USGS quad, Hand-held	GPS Survey-grade GPS		
Vandeave N	15 395105	NE , SW 16 SOR 20	Twn 75 S Rng R7 W		
Vancleave, M	e Zip Code				
Telephone No. <u>038 826 - 385</u>	3	Distance Direction  4 h Miles North	Nearest Town of VancleAve		
	Well I	)ata	· · · · · · · · · · · · · · · · · · ·		
Purpose of Well (circle one Home Inde	ustrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 9-10-08  Date well drilling completed: 9-10-08					
If flowing, method of flow regulation: Val	ve NA Other (d	escribe)	Name of the same		
Static Water Level: 50 feet ab	ove or relov (circle one) l	and surface Date measured:_	9-10-08		
Method of Measurement (circle one) st	eel tape electric tape	air line other:			
Hole depth:					
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: 110 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length: 10 feet Scree	en diameter:	inches Type of screen:	PVC		
Screen slot size: 4 CO inches	Setting depth: From	110 feet to	20_feet		
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development		
	Other (describe):				
Top of lap pipe or reduction in casing: NA 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):	lA				
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.					
JackRidgdell 0-4-	12	Jal	Rilder		
Print Name of Water Well Contractor and L	icense No.	Signature of V	Water Well Contractor		
			- Indiana Land		

If well telescopes please sketch below and show depths.		
Ground Level	Description of Formations Encountered	From To
	orange Clay Brown Coarse Sand Orange + White Clay Brown Coarse Sand	30 95 95 180

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.

WAZTMAN Ro

Landowner Name: Lee E++a Smi+h

Signature of Water Well Contractor

RECEIVED

OCT 0 6 2008

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

For Office Use Only:

Aquifer:

Well #: F - 3 9 9

Elevation:

Driller: COAST Water WELLSRY Jac	kson, MS 39289-0631 Well #:				
Date completed: 9-10-08	(601) 961-5210 601) 354-6938 (fax)				
`					
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: Lee Etta Smith	Latitude: 3035' 593' Longitude: 080 42' 441"				
Mailing Address: 5834 Waltman Rd.	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS Survey-grade GPS				
Vanc leave, MS 39565 City State Zip Code	NE 1/4 SW 1/4 Sec 20 Twn 735 Rng R7W				
City State Zip Code	Distance Direction Nearest Town				
me est 2053	4/2 Miles NORTH of VANcleson				
Telephone No. <u>208</u> 804-3853					
	Power Type				
Pump Type Circle one	Circle one				
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well	Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor:				
Date Pump Installed: 9-10-08	Setting Depth: 80FT. Drop Pipe feet				
Rated Pump Capacity: 7. S Gallons Per Minu	te Number of Stages:				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested: 9-10-08					
Static Water Level (A):Feet Below Land Surfa					
Pumping Water Level (B): \( \sum_{A} \) Feet Below Land Surface	Other (specify):				
Drawdown [(B) – (A)]: N/A Feet Below Land Surfa	ce For flowing well, measured shut in head: NA feet				
Test Pumping Rate: 7.5 Gallons Per Minus	te Well yielded 18 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):hour	rs NA feet after NA hours of pumping				
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.				

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Jack Ridadell 0-472	July Rafiller	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pupip Installer	
		Charles to seem to be a

S. Barran Same States S. Br. Samer St.