State W	ell Report	Pro Office Has Only	
Country	art 1	For Office Use Only:	
Mississippi Departmen	t of Environmental Quality nd Water Resources	Aquifer: FUI	
P.O. E	Box 10631	Well #:	
Jackson, IV.	IS 39289-0631	L. S. Elevation:	
	961-5210 4-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within	
30 days of completion of drilling of the well. Well Owner Information	Well	Location	
Owner Name Mathew Burrell	Latitude: 30 • 37 ,824	" Longitude: <u>088° 41</u> '934."	
Mailing Address: 5300 Coker Rd.	Method of Lat/Long (circle on		
		GPS, Survey-grade GPS	
Vancleave, MS 39565 City State Zip Code	NW 1/2 NW 1/2 Sec 9	Twn 755 Rng R7W	
City State Zip Code Telephone No. (28 826-1355)	Distance Direction 6/Z Miles NORTH	Nearest Town of Vandeave	
Well 1	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 10/19/09 Date w	vell drilling completed:	0/20/09	
If flowing, method of flow regulation: Valve Other (d	escribe)		
Static Water Level: 90 feet above or below circle one) l	and surface Date measured:	10/20/09	
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: <u>354FT</u> . Well depth: <u>354FT</u> .	Well grouted to a depth of	IO feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>344</u> feet Casing diameter: <u>3</u>	inches Type of casing:	PVC	
Screen length: 10 feet Screen diameter: 2	inches Type of screen:	PVC	
Screen slot size: • OO+ inches Setting depth: From _	344 feet to 3	54_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): WA			
I certify that the well was drilled, constructed, and completed in a		- 1	
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Jack Ridgell 0-472 fact Rigglell			
Print Name of Water Well Contractor and License No.	Signature of V	Water Well Contractor	
		" ILVEIVEL)	

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BY: OLWR

If well telecomes	-1leatob	below and	chow denths
If wall taleccones	niegge sketch	Delow and	snow debuis.

Ground Level		
•		

Description of Formations Encountered	rrom	10
TOPSOIL	O	3
prange Clay	a	30
prange Coarse. Sand	30	60
Blue X lay	60	80
Gray Fine Sand	80	704
RING Clay	104	224
Gray Medium Sand	234	254
Gray Medium Sal B		- 77
	-	
	 	
	 	<u> </u>
		
	 	
		 -

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well locating in locating the well; 3) any roads, power lines, or (4) indicate direction.	cation; 2) any permanent structures on the property that may other items that may aid in locating the property and the well;
	well House
Rusby Ro	Gin Branch
Landowner Name: MatthewBurrell	\display="block" \display="blo

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2 county: Jackson Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:			
Aquifer:	F417		
Well #:			
Elevation:			

Driller: Coast Water Well SRV.	Jackson, I	MS 39289-0631	Well #:
Date completed: 10 20 09) 961-5210 54-6938 (fax)	Elevation:
This report should be prepared by tinstallation of pump.]	` ,	nt within 30 days of the
Well Owner Informa	tion	Well	Location
Owner Name: Matthew Burn	ell	Latitude: 30° 37′ 829″	Longitude: 088° 41' 934"
Mailing Address: 5300 CoKer	-Rd.	Method of Lat/Long (circle on	
		USGS quad, Hand	held GPS Survey-grade GPS
Vancleave, m	1s 39565	NW NW 1/4 Sec 9	Twn 755 Rng R 7W
City State	Zip Code	Distance Direction	
Telephone No. (228) 826-135	5	6/2 Miles NO RTH of	Vancleave
Pump Type Circle one			ver Type rele one
Check the			
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):
Other (specify):	Other (specify): Horse Power Rating of Motor: 2 HP		2 HP
Date Pump Installed: 10/21/09		Setting Depth: 100FT. M	OP DIDE feet
Rated Pump Capacity: 9,5	Gallons Per Minute	Number of Stages:	<u> </u>
Pump Test Data			suring Water Level
Date Well Tested: 102109			cle one
Static Water Level (A): 90 Feet	Below Land Surface		uring Line Steel Tape
Pumping Water Level (B): NA Feet	Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: NA Feet Below Land Surface For flowing well, measured shut in head: NA		nt in head: <u>N/A</u> feet	
Test Pumping Rate: 9.5	Gallons Per Minute	Well yielded 18	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours	N/A feet after	N/A hours of pumping

I HEREBY CERTIFY that the above statements are true to the Jack Ridadell 0.472	best of my knowledge. Jack Ringdew
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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