

# 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: F 429  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SRV.  
Date drilling completed: 8-18-10

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>Tyler Ridgdell</u>	Latitude: <u>30° 37' 20.74"</u> Longitude: <u>088° 42' 35.28"</u>
Mailing Address: <u>Busby Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vanclave, MS 39565</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 8</u> Twn <u>T55</u> Rng <u>R7W</u>
Telephone No. <u>228 217-0405</u>	Distance <u>6 1/2</u> Miles Direction <u>North</u> of Nearest Town <u>Vanclave</u>

**Well Data**

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

Date well drilling started: 8/17/10 Date well drilling completed: 8/18/10

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 8/18/10

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

Hole depth: 230 FT. Well depth: 230 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 215 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 215 feet to 230 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

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P 429

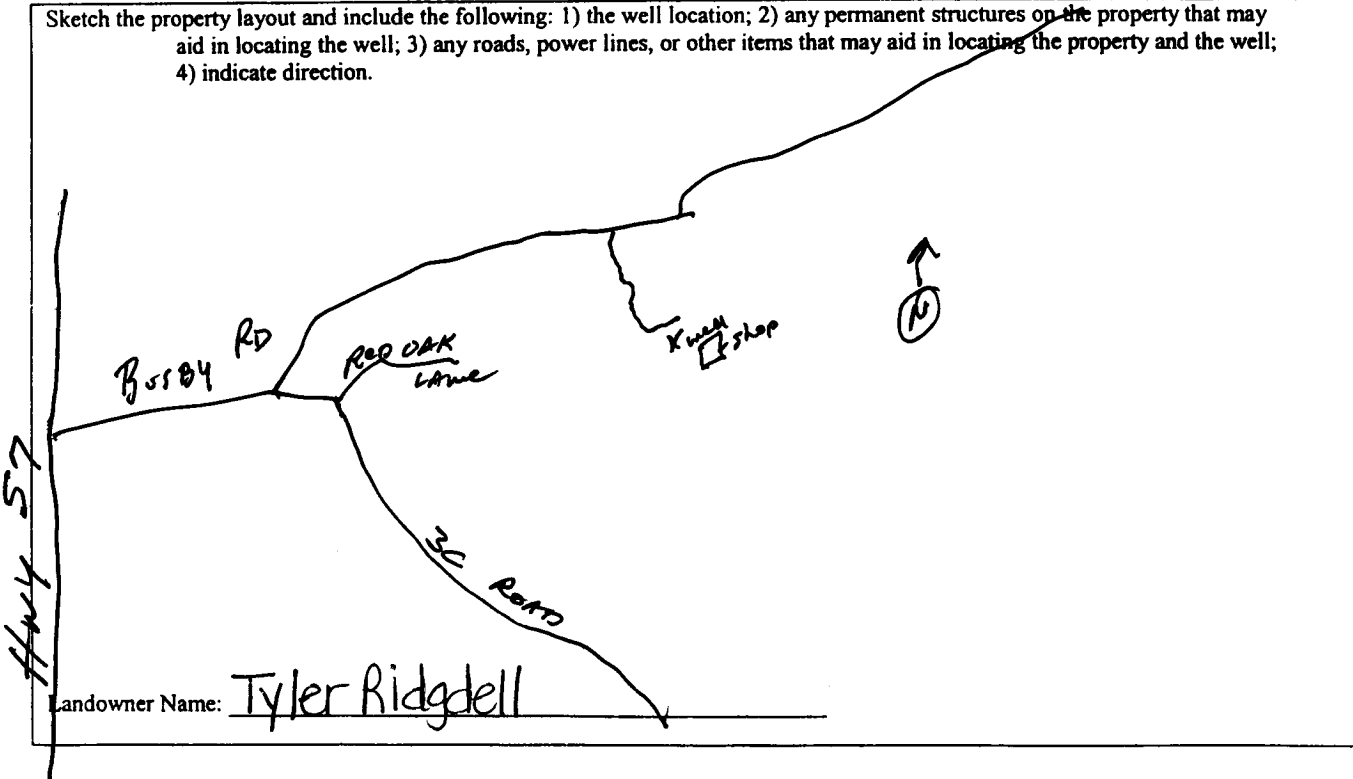
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	2
Orange clay	2	25
Blue clay w/streaks of Sand	25	309
Gray Coarse Sand	309	330

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  
*[Handwritten Signature]*

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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: F 4 2 9  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv.  
 Date completed: 8-18-10

**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**

Owner Name: Tyler Ridgdell  
 Mailing Address: Busby Rd.  
Vancleave, Ms 39565  
 City State Zip Code  
 Telephone No. 601-217-0405

**Well Location**

Latitude: 30° 37' 22.74" Longitude: 090° 42' 35.28"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, (Hand-held GPS) Survey-grade GPS  
NE ¼ SW ¼ Sec 8 Twp T55 Rng R7W  
 Distance Direction Nearest Town  
6 1/2 Miles North of Vancleave

**Pump Type**  
Circle one

Air Lift  Jet Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8/19/10  
 Rated Pump Capacity: 6 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 2 HP  
 Setting Depth: 140 FT. Drop Pipe feet  
 Number of Stages: 3

**Pump Test Data**

Date Well Tested: 8/19/10  
 Static Water Level (A): 115 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface  
 Test Pumping Rate: 6 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded 17 GPM with a drawdown of  
N/A feet after N/A hours of pumping

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

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

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 8/21/10  
 BY OLIVER