

# 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: Coastwater Wells, Inc.  
 Date drilling completed: 9-16-10

For Office Use Only:

Aquifer: F 431  
 Well #: \_\_\_\_\_  
 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>Lamar Nicholson</u>	Latitude: <u>30° 34' 51.12"</u> Longitude: <u>088° 42' 18.06"</u>
Mailing Address: <u>6162 Juniper Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vanceleave, Ms 39565</u> City State Zip Code	<u>N 1/4 SE 1/4 Sec 29</u> Twn <u>T 5 S</u> Rng <u>R 7 W</u>
Telephone No. <u>228 826-5019</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NORTH</u> of <u>Vanceleave</u>

**Well Data**

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

Date well drilling started: 9-16-10 Date well drilling completed: 9-16-10

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: 9-16-10

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

Hole depth: 285 FT. Well depth: 285 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 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 270 feet to 285 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 of Water Well Contractor

RECEIVED  
SEP 22 2010  
E-LOG



# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 9-16-10

**For Office Use Only:**

Aquifer: F431  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

**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>Lamar Nicholson</u>	Latitude: <u>30°34'51.12"</u> Longitude: <u>088°42'18.06"</u>
Mailing Address: <u>6162 Juniper Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vanceleave, MS 39565</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 29 Twn 15 S Rng 27 W</u>
Telephone No. <u>228 826-5019</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NORTH</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type 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> Hand 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>9-17-10</u>	Setting Depth: <u>120 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>6</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-17-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>6</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</u> hours	

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

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

RECORDED  
 SEP 22 2010  
 87401W