

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 #442
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: CoastWaterWellsSRV.
Date drilling completed: 2/23/11

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>Kenny Hinks</u>	Latitude: <u>30° 35' 10.56"</u> Longitude: <u>088° 38' 39.00"</u>
Mailing Address: <u>2107 Sampras</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 NE 1/4 Sec 25 Twn 755 Rng R 7W</u>
Telephone No. <u>228 219-7000</u>	Distance <u>4 1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Vanceleave</u>

Well Data

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

Date well drilling started: 2/23/11 Date well drilling completed: 2/23/11

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 2/23/11

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

Hole depth: 200 FT Well depth: 200 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 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 190 feet to 200 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.

Jack Ridgdell
Signature of Water Well Contractor

FEB 28 2011

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)

BY: OLWR

For Office Use Only:

County: Jackson
Permit #:
Driller: Coast Water Wells, Inc.
Date completed: 2-23-11

Aquifer:
Well #: F 442
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: Owner Name: Kenny Hinks, Mailing Address: 2107 Sampras, Vanleave, Ms 39565, Telephone No. 208, 219-7000
Well Location: Latitude: 30° 35' 10.56", Longitude: 088° 38' 39.00", Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4 Sec 25 Twn T55 Rng R7W, Distance: 4 1/2 Miles, Direction: NE, Nearest Town: Vanleave

Pump Type: Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 2 HP
Setting Depth: 110 FT. Drop Pipe feet
Number of Stages: 3
Date Pump Installed: 2/24/11
Rated Pump Capacity: 9 Gallons Per Minute

Pump Test Data: Date Well Tested: 2/24/11, Static Water Level (A): 95 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: 9 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 4 1/2 hours
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape, Other (specify):
For flowing well, measured shut in head: N/A feet
Well yielded 18 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
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer