

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: _____
Well #: F-150
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 9/30/11

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>James Payne</u>	Latitude: <u>30° 35' 7.02"</u> Longitude: <u>088° 42' 3.48"</u>
Mailing Address: <u>11600 Lake Drive East</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vanderve, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 29 T55 R7W</u>
Telephone No. <u>(601) 826-4388</u>	Distance: <u>4</u> Miles Direction: <u>North</u> of Nearest Town: <u>Vanderve</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>9/30/11</u>	Date well drilling completed: <u>9/30/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): <u>0</u>	
Static Water Level: <u>100</u> feet above or below (circle one) land surface	Date measured: <u>9/30/11</u>
Method of Measurement (circle one): steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>265 FT.</u> Well depth: <u>265 FT.</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>250</u> feet Casing diameter: <u>2</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.004</u> inches	Setting depth: From <u>250</u> feet to <u>265</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): No log run <u>Electric</u> Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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 Ridgell 0-472

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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OCT 12 2011

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: _____

Well #: E450

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Serv.

Date completed: 9/30/11

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: James Payne
Mailing Address: 16600 LAKE DRIVE EAST

Vandave, MS 39565
City State Zip Code

Telephone No. 228 826-4388

Well Location

Latitude: 30° 35' 7.02" Longitude: 088° 42' 3.48"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS Survey-grade GPS

NE ¼ NE ¼ Sec 29 Twn T5S Rng R1W

Distance

Direction

Nearest Town

4 Miles NORTH of Vandave

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 10/1/11

Rated Pump Capacity: 9 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: 2HP

Setting Depth: 120 FT. Drop Pipe feet

Number of Stages: 3

Pump Test Data

Date Well Tested: 10/1/11

Static Water Level (A): 100 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 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 23 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 Ridgell 0-472
Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
Signature of Pump Installer

RECEIVED

OCT 12 2011

BY: OLWR