

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 459
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Serv.
Date drilling completed: 7/13/12

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>Neil Mattos</u>	Latitude: <u>30° 35' 21.28"</u> Longitude: <u>088° 38' 20.98"</u>
Mailing Address: <u>5003 Riverwood 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>	<u>SE 1/4 SW 1/4 Sec 24</u> ✓ Twn <u>T55</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 826-9866</u>	<u>5</u> Miles <u>NE</u> of <u>Vanceleave</u>

Well Data

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

Date well drilling started: 7/13/12 Date well drilling completed: 7/13/12

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 7/13/12

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

Hole depth: 165 FT Well depth: 165 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 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 155 feet to 165 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 Ridgley
Signature of Water Well Contractor

F 459

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: 7/13/12

For Office Use Only:
 Aquifer: _____
 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
 Owner Name: Neil Mattos
 Mailing Address: 2003 Riverwood Drive
Vancleave, Ms 39565
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 30° 35' 29.28" Longitude: 088° 38' 22.98"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7/13/12
 Rated Pump Capacity: 11 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: 100 FT Drop Pipe feet
 Number of Stages: 3

Pump Test Data
 Date Well Tested: 7/13/12
 Static Water Level (A): 85 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: 11 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 1/2 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 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 Kidgell 0-472 Jack Kidgell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer