

# STATE WELL REPORT

## Part I

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: F483  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coastwaterwell  
Date drilling completed: 1-2-14

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Nesta Dees</u> Mailing Address: <u>116504 Lake Drive East</u> <u>Vanderveave, Ms 39565</u> City State Zip Code Telephone No. <u>228 826-4218</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>30°34'57.84"</u> Longitude: <u>088°41'54.96"</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad _____, Sec <u>29</u> T <u>55</u> R <u>7W</u> <u>4</u> Miles <u>NORTH</u> of <u>Vanderveave</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 1-2-14 Date drilling completed: 1-2-14 Hole depth: 278 FT Hole diameter: 2  
Location of the source of any surface water used for drilling: N/A  
Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling - 2 gals in well  
Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 100 feet [above or  below] land surface Date measured: 1-2-14  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_  
Well depth: 278 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix  
Casing length: 263 feet Casing diameter: 2 inches Type of casing: PVC  
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: .004 inches Setting depth: From 263 feet to 278 feet  
Type of completion (circle all applicable): Gravel packed  Underreamed  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 next page*

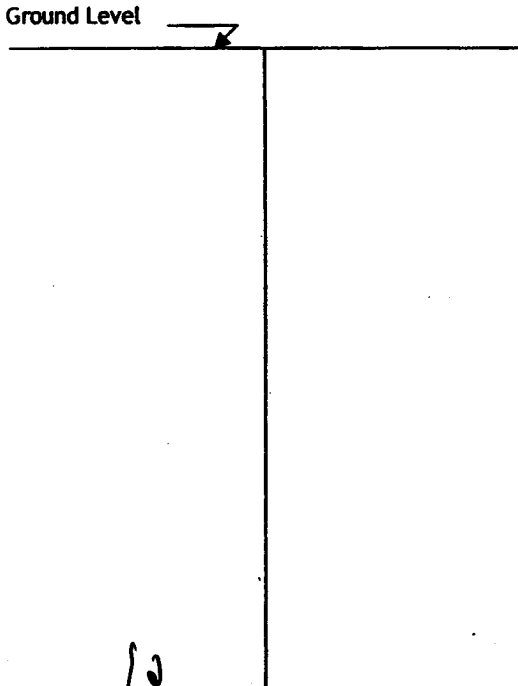
County: Jackson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: F483

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	Ground level	2
Orange clay	2	65
White coarse sand	65	120
Blue clay	120	240
Gray Medium Sand	240	278

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) north arrow

Landowner Name: Nesta Dees

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jack Ridadell 0-472      1/10/14      Jack Ridadell  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv  
Date completed: 1-2-14  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: F483  
Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Nesta Trees</u>	Latitude: <u>30° 34' 57.81"</u> Longitude: <u>088° 41' 54.96"</u>
Mailing Address: <u>16504 Lake Drive East</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u>	<u>NE ¼ NE ¼, Sec 29 T 55 R 7W</u>
City State Zip Code	<u>4</u> Miles <u>NORTH</u> of <u>Vanceleave</u>
Telephone No. <u>(601) 826-4218</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well  Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 1-3-14 Rated Pump Capacity: 10 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 2 HP Setting Depth: 120 FT DP feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 1-3-14 Duration of Pump Test (minimum 4 hours): 4 hours  
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  
Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of N/A feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: N/A Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter Installed by: \_\_\_\_\_  
Is This Meter (circle one): New Repaired Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Jack Ridadell 0-472 1/10/14 Jack Ridadell  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer