

# STATE WELL REPORT

## Part 1

### 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 #: F493  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Serv  
Date drilling completed: 9-3-14

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Inger Rhea</u>	Latitude: <u>30° 34' 59.40"</u> Longitude: <u>088° 42' 14.76"</u>
Mailing Address: <u>11600 Springlake Dr. West</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanderveave, Ms 39565</u>	<u>SW</u> <input checked="" type="checkbox"/> <u>NE</u> <input checked="" type="checkbox"/> Sec <u>29</u> T <u>55</u> R <u>7E</u>
City State Zip Code	<u>3 3/4</u> Miles <u>NNE</u> of <u>Vanderveave</u>
Telephone No. <u>601 826-5153</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-2-14 Date drilling completed: 9-3-14 Hole depth: 260' 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 Gal 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: 85 feet [above or  below] land surface Date measured: 9-3-14

Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_

Well depth: 260' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 250 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 250 feet to 260 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

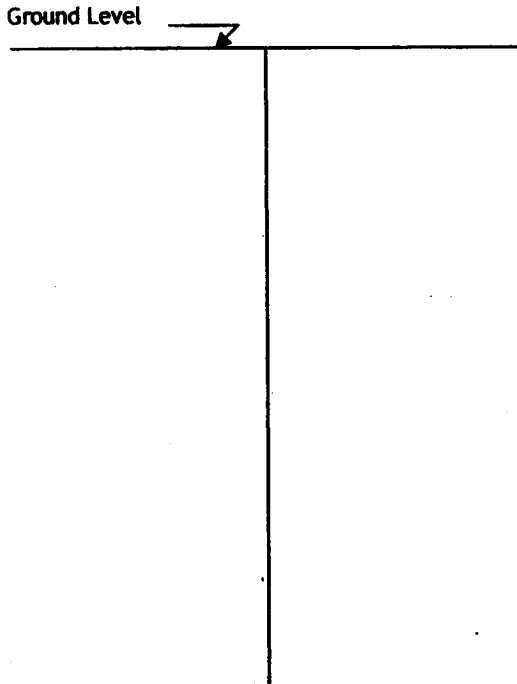
*If telescoped or more than one screen, describe on next page*

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

**For Office Use Only:**  
 Well #: F493

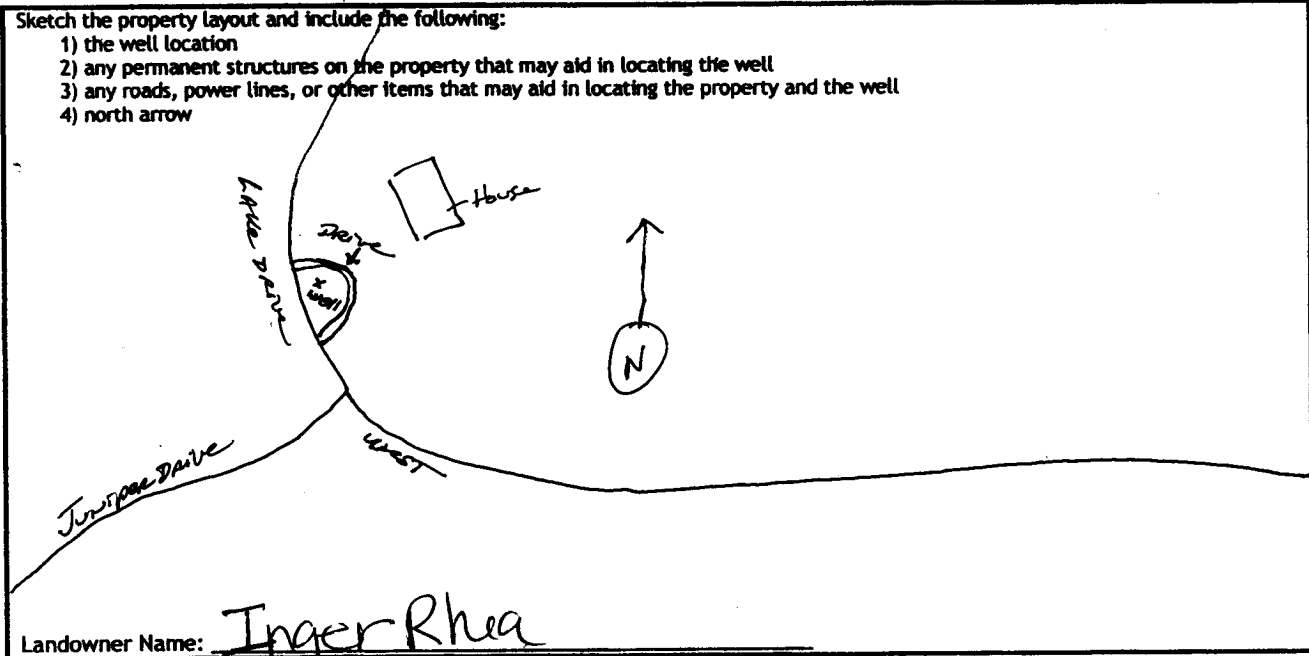
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	1
Orange Clay	1	25
Gray clay w/str. of sand	25	100
Brown Clay	100	130
Blue Clay	130	222
Gray Coarse Sand	222	260

If more than one screen, show location of each on sketch



Landowner Name: Inger Rhea

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 Riddell 0-472  
 Print Name of Responsible Licensee and License No.

9/5/14  
 Date

*[Signature]*  
 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 Wells, Inc.  
Date completed: 9-3-14  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: F493  
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>Inger Rheas</u>	Latitude: <u>30°34'59.40"</u> Longitude: <u>088°42'14.76"</u>
Mailing Address: <u>16600 Spring Lake Dr. West</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vance, MS 39565</u>	<u>SW 1/4 NE 1/4, Sec 29 T 5S R 7W</u>
City _____ State _____ Zip Code _____	<u>3.74</u> Miles <u>NNE</u> of <u>Vance</u>
Telephone No. <u>(228) 826-5153</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well  Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-4-14 Rated Pump Capacity: 6.5 Gallons Per Minute  
Is This Pump (circle one): New Repaired Replacement Existing

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 1HP Setting Depth: 100FT DP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 9-4-14 Duration of Pump Test (minimum 4 hours): 5 hours  
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: 6.5 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. N/A  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ 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 9/5/14 Jack Ridadell  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer