

STATE WELL REPORT

94

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Svc.
 Date drilling completed: 12-3-21

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 #: F 598
 Aquifer: _____
 E-Log #: _____

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Rusty Faulk</u>	Latitude: <u>30° 35' 48.6"</u> Longitude: <u>088° 41' 34.6"</u> <u>30 35 29</u> <u>88 41 21</u>
Mailing Address: <u>4724 Ashmore Ridge</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vanceleave</u> <u>MS</u> <u>39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE SW</u> 1/4 SE 1/4, Sec <u>21</u> T <u>5S</u> R <u>7W</u>
Telephone No. <u>(228) 218-0918</u>	<u>4 1/2</u> Miles <u>NORTH</u> of <u>Vanceleave</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-2-21 Date drilling completed: 12-3-21 Hole depth: 266 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 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: 105 feet [above or (below) land surface] (circle one) Date measured: 12-3-21

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

Well depth: 266 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 251 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 251 feet to 266 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

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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 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

JAN 14 2022
For Office Use Only:
Well #: BY OLWR
Aquifer:

F548

County: Jackson
Permit #:
Driller: Coast Water Wells, Inc.
Date completed: 12-3-21
Copy information from block on Part 1

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: Owner Name: Rusty Faulk, Mailing Address: 4724 Ashmore Ridge, Vanleave, MS 39565, Telephone No. (228) 218-0918. Well Location: Latitude: 30° 35' 48.6", Longitude: 088° 41' 34.6", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 SE 1/4, Sec 21, T. 5S R. 7W, 4 1/2 Miles North of Vanleave.

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: 12-16-21 Rated Pump Capacity: 8 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: 2HP Setting Depth: 120FT DP feet Number of Stages: 3

Pump Test Data for Non Flowing Well: Date Well Tested: 12-16-21 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 105 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: 8 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: N/A feet. Well yielded GPM with a drawdown of feet after hours of pumping

Meter Installation: Meter Manufacturer: N/A Meter Serial Number: Meter Model Number/Name: 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 Ridgell 0-472 12/20/21 Date Signature of Pump Installer