

# 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)

122

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc  
Date drilling completed: 8-26-21

**For Office Use Only:**

Well #: F 599  
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>Suburban Homes</u>	Latitude: <u>30°36'775"</u> Longitude: <u>088°43'539"</u>
Mailing Address: <u>HWY 57</u>	Method of Lat/Long (check one): Conventional Survey _____ <span style="margin-left: 40px;"><u>30 36 47</u>                      <u>88 43 32</u></span>
<u>Vanceave MS 39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City    State    Zip Code	<u>SE 1/4 NW 1/4, Sec 18 T 5S R 7W</u>
Telephone No. <u>(228) 818-7473</u>	<u>6</u> Miles <u>NW</u> of <u>Vanceave</u>
	(Distance)    (Direction)    (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-24-21 Date drilling completed: 8-26-21 Hole depth: 680 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    Date measured: 8-26-21

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

Well depth: 680 FT Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 660 feet    Casing diameter: 2 inches    Type of casing: PVC

Screen length: 20 feet    Screen diameter: 2 inches    Type of screen: PVC

Screen slot size: .006 inches    Setting depth: From 660 feet to 680 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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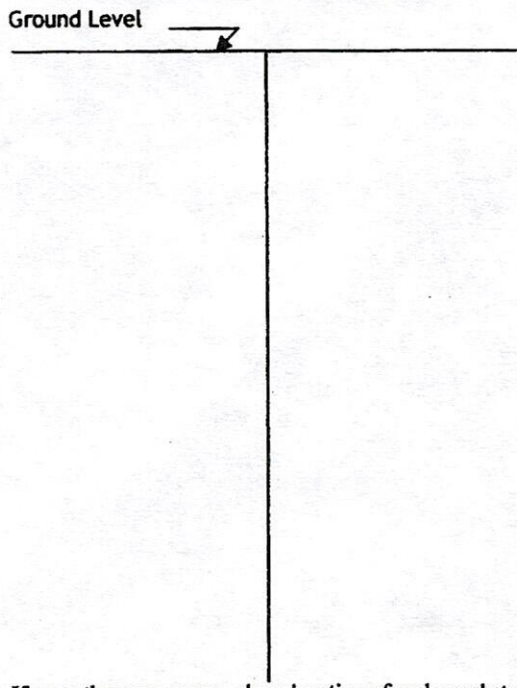
County: Jackson  
 Permit #: \_\_\_\_\_

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

The sketch below only required for water wells

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

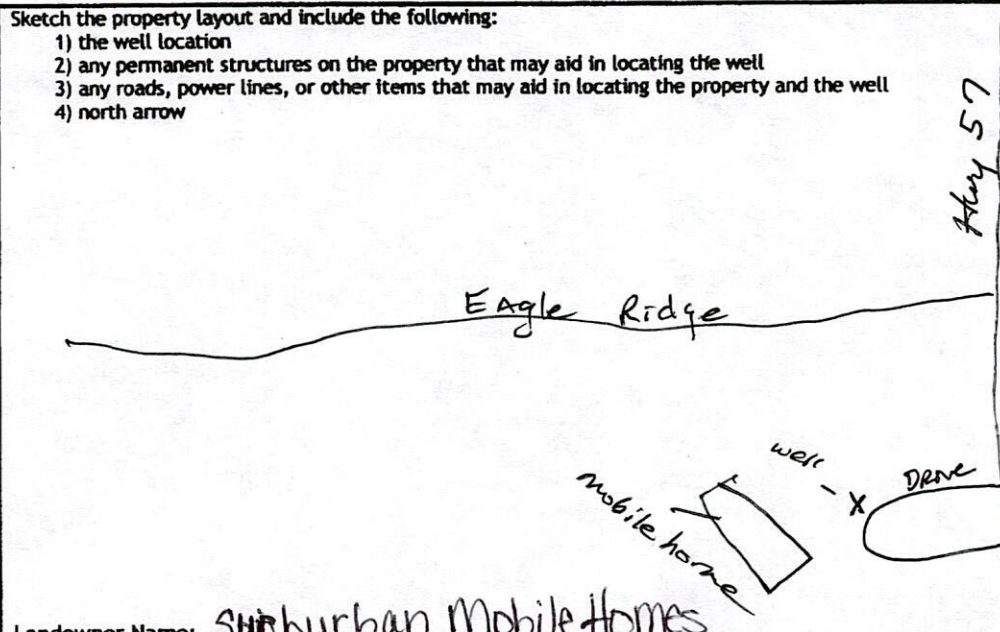
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
orange clay	2	32
orange coarse sand	32	43
orange clay	43	60
Blue clay w/streaks of sand	60	647
gray medium to coarse sand	647	680

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



Athy 57

Landowner Name: Suburban Mobile Homes

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.

Print Name of Responsible Licensee and License No. 8/26/21 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 Svc  
 Date completed: 8-26-21  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: F 599  
 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>Suburban Homes</u>	Latitude: <u>30°36'75"</u> Longitude: <u>088°43'539"</u>
Mailing Address: <u>Hwy 5</u>	Method of Lat/Long (check one): Conventional Survey _____ <small>30 36 47      88 43 32</small>
<u>Vanderveer MS 39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 NW 1/4, Sec 18 T 55 R 7w</u>
Telephone No. <u>(228) 818-7473</u>	<u>6</u> Miles <u>NW</u> of <u>Vanderveer</u> <small>(Distance) (Direction) (Nearest Town)</small>

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well  Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 8-27-21 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: 8-27-21 Duration of Pump Test (minimum 4 hours): 5 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgell 0-472 8/31/21 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer