

# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwaterwellsrv.  
 Date drilling completed: 3-10-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-181  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Staci Browning</u>	Latitude: <u>30° 35' 84" / 51</u> Longitude: <u>088° 27' 04" / 03</u>
Mailing Address: <u>Rayford shumock Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Miss Point, Ms 39562</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>23</u> Twn <u>T55</u> Rng <u>R5W</u>
Telephone No. <u>258 767-0722</u>	Distance: <u>2</u> Miles Direction: <u>ENE</u> of Nearest Town: <u>Big Point</u>

**Well Data**

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

Date well drilling started: 3-10-09 Date well drilling completed: 3-10-09 (NOT LEFT FLOWING)

If flowing, method of flow regulation: Valve N/A Other (describe) CASING 3' ABOVE GROUND

Static Water Level: +1 feet above or below (circle one) land surface Date measured: 3-10-09

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

Hole depth: 416 FT Well depth: 416 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 406 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 406 feet to 416 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 Ridgell 0-472  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

APR 08 2009

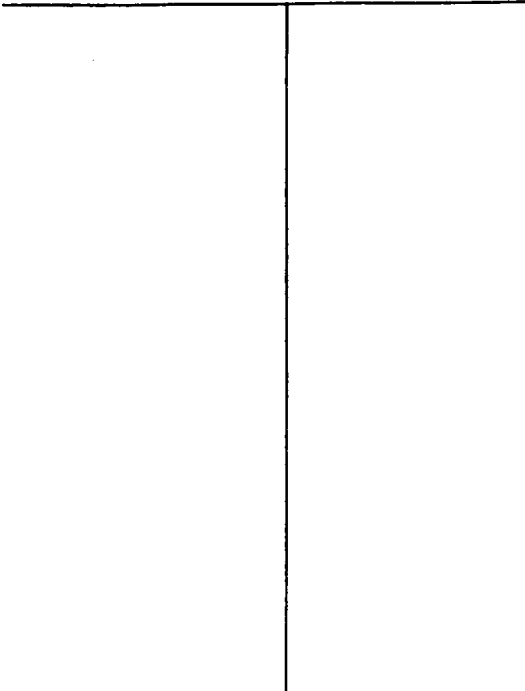
DLWR

H-186

If well telescopes please sketch below and show depths.

Ground Level

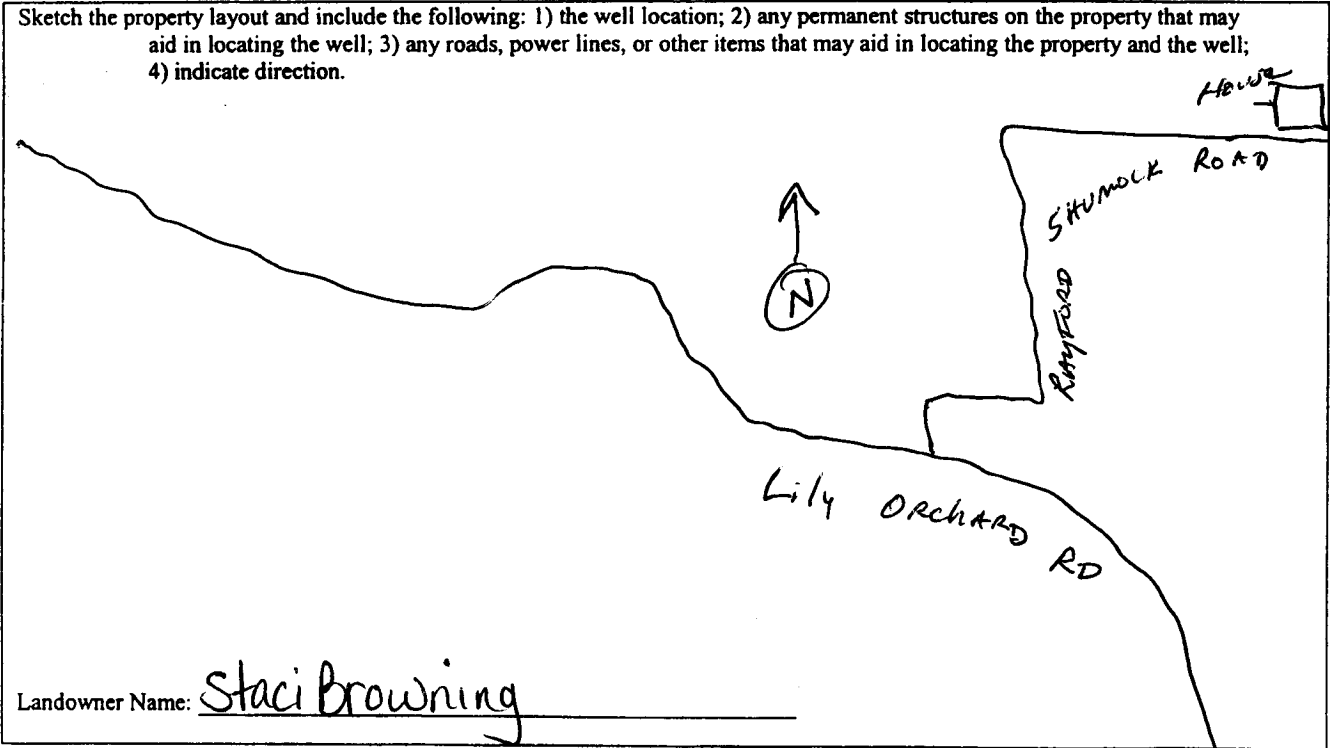
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Description of Formations Encountered	From	To
TOPSOIL	0	2
Gray Clay	2	14
White Coarse sand w/streaks clay	14	80
Blue clay w/streaks of sand	80	371
Gray Medium to Coarse sand	371	416

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) indicate direction.

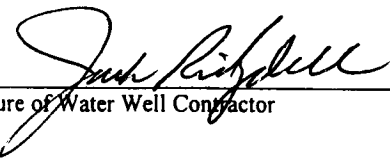


House X well

Stumock Road

Lily Orchard Rd

Landowner Name: Staci Browning

  
Signature of Water Well Contractor

APR 08 2003  
BY OLWR

# 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 Wellserv.  
 Date completed: 3-10-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-181  
 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: Staci Browning  
 Mailing Address: Rayford Shumock Rd.  
Miss Point, Ms 39562  
 City State Zip Code  
 Telephone No. 251-767-0722

**Well Location**

Latitude: 30°35'841" Longitude: 088°27'046"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, (Hand-held GPS) Survey-grade GPS  
SW ¼ NE ¼ Sec 23 Twn T55 Rng R5W  
 Distance Direction Nearest Town  
2 Miles ENE of Big Point

**Pump Type**  
Circle one

Air Lift	<u>(Jet)</u>	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well
Other (specify): _____		
Date Pump Installed: <u>3-11-09</u>		
Rated Pump Capacity: <u>8</u> Gallons Per Minute		

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>(Electric Motor)</u>	Hand	Tractor PTO
Windmill	Other (specify): _____	
Horse Power Rating of Motor: <u>1/2 HP</u>		
Setting Depth: <u>30FT. Droppipe</u> feet		
Number of Stages: <u>1</u>		

**Pump Test Data**

Date Well Tested: 3-11-09  
 Static Water Level (A): +1 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  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

<u>(Air Line)</u>	Electric Measuring Line	Steel Tape
Other (specify): _____		
For flowing well, measured shut in head: <u>N/A</u> feet		
Well yielded <u>35</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping		

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

Jack Rickdell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Rickdell  
 Signature of Pump Installer

APR 08 2009  
 BY: OLWR