

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)

For Office Use Only:

Aquifer: _____
Well #: J-330
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: COAST WATER WELL
Date drilling completed: 8-10-04

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>MARK STEWART</u>	Latitude: <u>30° 32' 33"</u>	Longitude: <u>088° 44' 50"</u>	
Mailing Address: <u>WEST RUN LANE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS		
<u>VANLEAVE, MS 39565</u>	USGS quad, <u>SE 1/4 NW 1/4 Sec 12</u> Twn <u>T6S</u> Rng <u>R8W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>3 1/4</u> Miles	Direction: <u>WEST</u>	Nearest Town: <u>VANLEAVE</u>
Telephone No. (<u>228</u>) <u>348-0248</u>			
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>8-10-04</u>		Date well drilling completed: <u>8-10-04</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): _____			
Static Water Level: <u>15</u> feet above or <input checked="" type="radio"/> below (circle one) land surface		Date measured: <u>8-10-04</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input checked="" type="radio"/> air line <input type="radio"/> other: _____			
Hole depth: <u>105'</u>		Well depth: <u>105'</u>	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>95</u> feet		Casing diameter: <u>2</u> inches	
Screen length: <u>10</u> feet		Screen diameter: <u>2</u> inches	
Type of casing: <u>PVC P480</u>			
Type of screen: <u>PVC SCH 80 SAWED</u>			
Screen slot size: <u>.1008</u> inches		Setting depth: From <u>95</u> feet to <u>105</u> feet	
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____			
Name of organization running log(s): <u>N/A</u>			
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.			
<u>JACK RIDGDELL 0-472</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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If well telescopes please sketch below and show depths.

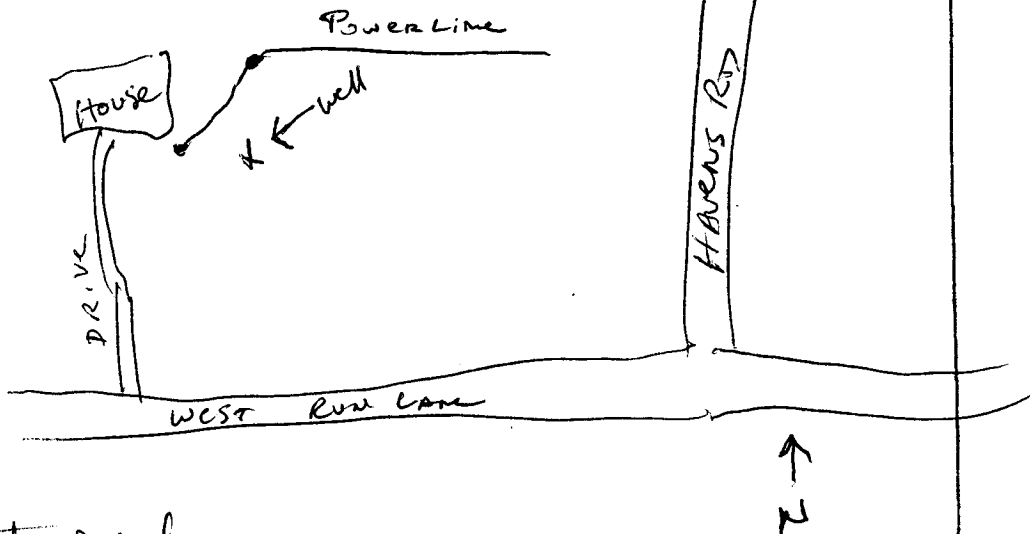
Ground Level

J-330

Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	20
White Coarse sand	20	35
Orange + white Clay	35	85
Brown Coarse sand	85	105

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.



Landowner Name: Mark Stewart

John R. [Signature]
Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County JACKSON
 Permit #: _____
 Driller: COAST WATER Well
 Date completed: 8-10-04

For Office Use Only:

Aquifer: _____
 Well #: J-330
 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	Well Location
Owner Name: <u>MARK STEWART</u> Mailing Address: <u>WEST RUN LANE</u> <u>Vanclave, Ms. 39565</u> <small>City State Zip Code</small> Telephone No. (<u>228</u>) <u>348-0248</u>	Latitude: <u>30° 32.373</u> Longitude: <u>088° 44.502</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 12 Twn T6S Rng R8W</u> Distance Direction Nearest Town <u>3 1/4</u> Miles <u>West</u> of <u>Vanclave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): <u>1 HP Goulds SJ-10</u> Date Pump Installed: <u>8-11-04</u> Rated Pump Capacity: <u>8.5</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>40 drop pipe feet</u> Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-11-04</u> Static Water Level (A): <u>15'</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>8.5</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>8.5</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.

DAVID MOYE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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