

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-392
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv
Date drilling completed: 12-22-05

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>Robert Lucas</u>	Latitude: <u>30° 31' 99.2"</u> Longitude: <u>088° 46' 97.4"</u>
Mailing Address: <u>Southern Pine Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>LOT # AA-13</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Vanceleave MS 39565</u>	<u>NW 1/4 SW 1/4 Sec 10</u> Twn <u>T6S</u> Rng <u>R8W</u>
City State Zip Code	Distance <u>5 1/2</u> Miles Direction <u>West</u> of Nearest Town <u>Vanceleave</u>
Telephone No. <u>601 947-8347</u>	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-22-05 Date well drilling completed: 12-22-05
If flowing, method of flow regulation: Valve N/C Other (describe) _____
Static Water Level: 45 feet above or below (circle one) land surface Date measured: 12-22-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 222' Well depth: 222' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 212 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 212 feet to 222 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.

Jack Ridgell
Signature of Water Well Contractor

RECEIVED

JAN 19 2006

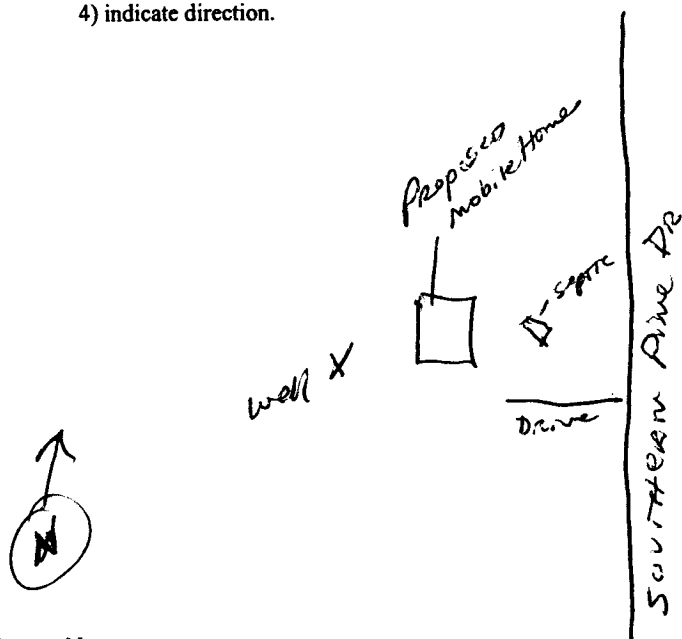
BY: OLWR

J-392


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[illegible]

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: _____


Signature of Water Well Contractor

RECEIVED

JAN 19 2006

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)

For Office Use Only:

Aquifer: _____

Well #: J-392

Elevation: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc.
Date completed: 12-22-05

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: Robert Lucas
Mailing Address: Southern Pine Dr.
Vanceleave Ms 39565
City State Zip Code
Telephone No. 601 947-8347

Well Location

Latitude: 30°31'992" Longitude: 088°46'974"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
NW 1/4 SW 1/4 Sec 10 Twn T6S Rng R8W
Distance Direction Nearest Town
5 1/2 Miles West of Vanceleave

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 10-3-06
Rated Pump Capacity: 7.5 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1 HP
Setting Depth: 60 FT. Droppipe feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 10-3-06
Static Water Level (A): 45 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: 7.5 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: N/A feet
Well yielded 7.5 GPM with a drawdown of
N/A feet after N/A hours of pumping

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

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

[Signature]
Signature of Pump Installer