

# 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-506  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: CONCRETE WELL SERV  
Date drilling completed: 7-23-08

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>JACKSON COUNTY ROAD DEPT.</u>	Latitude: <u>30° 32' 35.6"</u> Longitude: <u>088° 44' 39.8"</u>
Mailing Address: <u>5300 BALL PARK RD</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Vanceleave MS 39565</u>	USGS quad: <u>5E 1/4 SE 1/4 Sec 2</u> Twn <u>T6 S</u> Rng <u>R8W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3 1/2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Vanceleave</u>
Telephone No.: <u>(228) 826-2546</u>	

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: COUNTY BARN OFFICE & OUTSIDE USE

Date well drilling started: 7-21-08 Date well drilling completed: 7-23-08

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 105' feet above or below (circle one) land surface Date measured: 7-23-08

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

Hole depth: 500' Well depth: 500' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 470 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 470 feet to 500 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

[Signature]

Print Name of Water Well Contractor and License No.

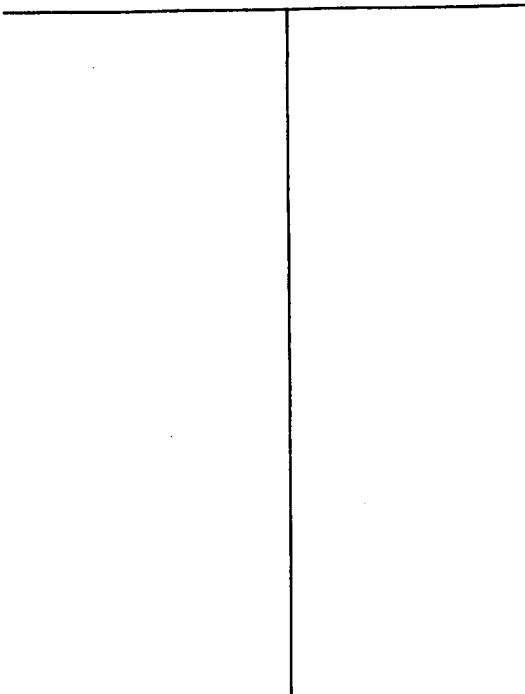
Signature of Water Well Contractor

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J-506

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
ORANGE CLAY W/STREAKS OF SAND	2	42
ORANGE COARSE SAND	42	124
ORANGE CLAY	124	146
ORANGE COARSE SAND	146	170
Blue clay	170	194
GRAY MEDIUM TO COARSE SAND	194	212
Blue clay	212	424
GRAY MEDIUM TO COARSE SAND	424	500

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: Jackson County Road Dept.

Jack Ruffner  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J-506

Elevation: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv  
 Date completed: 7-23-08

**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>JACKSON COUNTY ROAD DEPT</u>	Latitude: <u>30°-32'-856</u> Longitude: <u>088°-44'-988</u>
Mailing Address: <u>5300 BALL PARK ROAD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vandeventer Ms. 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 22 Twn T6S Rng R8W</u>
Telephone No. ( <u>228</u> ) <u>826-2547</u>	Distance Direction Nearest Town
	<u>3 1/2 Miles west of Vandeventer</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>8-18-08</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-18-08</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>6.3</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

JACK RIDDELL 0-472 Jack Ridwell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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AUG 20 2008

BY: OLWR