

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: 3538
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastwater Well Service
Date drilling completed: 4-27-10

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>Connie Mallette</u>	Latitude: <u>30° 32' 38" N</u> Longitude: <u>88° 44' 51" W</u>
Mailing Address: <u>Jim Ramsey Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vandave, MS 39565</u>	<u>NW 1/4 NW Sec 12 T65 R8W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3 1/2</u> Miles Direction: <u>West</u> of <u>Vandave</u>
Telephone No. <u>(601) 826-0809</u>	Nearest Town: _____

Well Data

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

Date well drilling started: 4-27-10 Date well drilling completed: 4-27-10

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 4-27-10

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

Hole depth: 63 FT. Well depth: 63 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 48 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 48 feet to 63 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

MAY 25 2010

201-0130P

J538

Description of Formations Encountered

From To

[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: Connie Mallette

Signature of Water Well Contractor

100-443687-100

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 #: _____

Elevation: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Service

Date completed: 4-27-10

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: Connie Mallette

Mailing Address: Jim Ramsey Rd.

Vanderve, MS 39565
City State Zip Code

Telephone No. (228) 826-0809

Well Location

Latitude: 30°32'627" Longitude: 088°44'847"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 12 Twn T6S Rng R8W

Distance Direction Nearest Town
3 1/2 Miles West of Vanderve

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-28-10

Rated Pump Capacity: 20 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: 40 FT. Drop Pipe feet

Number of Stages: 9

Pump Test Data

Date Well Tested: 4-28-10
Static Water Level (A): 15 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: 24 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 40 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 Ridgell 0-472
Print Name of Pump Installer and License No. (if applicable)

Jana Ridgell
Signature of Pump Installer

RECEIVED
MAY 25 2010
BY: [Signature]