

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: J 551
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells Service

Date drilling completed: 4/22/11

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

Owner Name: James Pack, III
Mailing Address: 13204 Ridgeland Rd.
Vanleave, Ms 39565
City State Zip Code
Telephone No. 228 769-2070

Well Location

Latitude: 30.31564 Longitude: 088.45508
Method of Lat/Long (circle one): 56 Conventional Survey, 51
USGS quad: Hand-held GPS Survey-grade GPS
5W 1/4 SW 1/4 Sec 11 - Twn T65 Rng R8W
Distance Direction Nearest Town
4 1/2 Miles West of Vanleave

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4/22/11 Date well drilling completed: 4/22/11
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 4/22/11
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 476 FT. Well depth: 476 FT. Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 456 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 456 feet to 476 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 Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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: 5551
 Well #: _____
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 4/22/11

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>JAMES PACK, III</u>	Latitude: <u>30° 31' 56.40"</u> Longitude: <u>088° 45' 50.88"</u>
Mailing Address: <u>13204 Ridgeland 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> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 11 Twn 16S Rng R8W</u>
Telephone No. <u>228 769-2070</u>	Distance Direction Nearest Town <u>4 1/2</u> Miles <u>WEST</u> of <u>Vandave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 H.P.</u>
Date Pump Installed: <u>6/3/11</u>	Setting Depth: <u>120 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>9.5</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/3/11</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>100</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>18</u> GPM with a drawdown of
Test Pumping Rate: <u>9.5</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>5</u> hours	

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

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

RECEIVED
 JUN 28 2011
 B&E DIVISION