

# 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 559  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 10/11/11

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	Well Location
Owner Name: <u>James Dozier</u>	Latitude: <u>30.29.13.50</u> Longitude: <u>088.45.53.70</u>
Mailing Address: <u>10457 Stottler Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vancleave, MS 39565</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>80</u> 1/4 <u>80</u> 1/4 Sec <u>26</u> Twn <u>T6S</u> Rng <u>R8W</u>
Telephone No. <u>228 591-6203</u>	NW NW 35 Distance: <u>5</u> Miles Direction: <u>SW</u> Nearest Town: <u>Vancleave</u>

Well Data	
Purpose of Well (circle one): <del>Home</del> Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Fish Pond</u>	<u>Residential</u>
Date well drilling started: <u>10/11/11</u>	Date well drilling completed: <u>10/11/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): _____	
Static Water Level: <u>10</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>10/11/11</u>
Method of Measurement (circle one): steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>80 FT</u> Well depth: <u>80 FT</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>60</u> feet to <u>80</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): No log run <u>Electric</u> Gamma Ray Density Sonic Neutron 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.

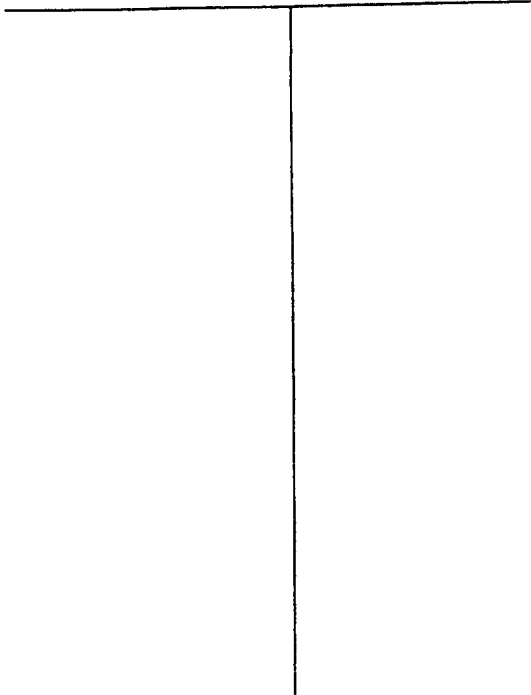
Jack Ridgdell 0-472  
Print Name of Water Well Contractor and License No.

Jack Ridgdell  
Signature of Water Well Contractor

J559

If well telescopes please sketch below and show depths.

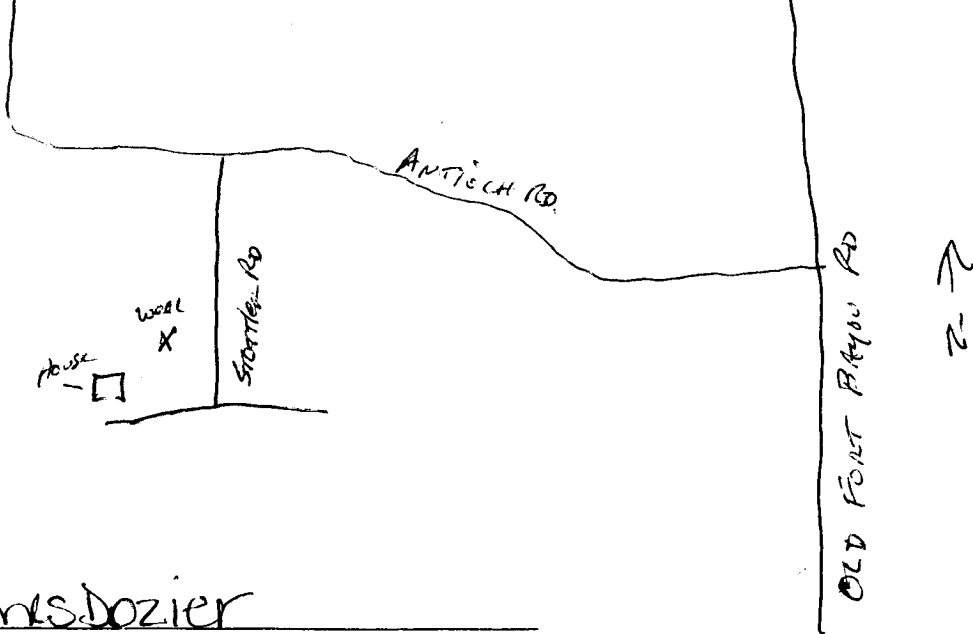
Ground Level \_\_\_\_\_



Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange Clay	2	18
White Coarse sand	18	30

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: James Dozier

*Just Litchfield*  
 \_\_\_\_\_  
 Signature of Water Well Contractor

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Lewis Printing, Pasco, WA

# 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 #: J559  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permi #: \_\_\_\_\_  
 Driller: Cons Water Wells Serv  
 Date completed: 10/11/11

**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 DOZIER</u>	Latitude: <u>30°27'13.50"</u> Longitude: <u>088°45'53.70"</u>
Mailing Address: <u>10457 S FORTHER RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vance</u> <u>MS</u> <u>39565</u> City State Zip Code	<u>SW</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>26</u> Twn <u>T6S</u> Rng <u>R8W</u> NW NW 35
Telephone No. <u>228 591-6203</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Vance</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>10-14-11</u>	Setting Depth: <u>60 FT. Dropline</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-14-11</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>62</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

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OCT 31 2011

BY: OLWR