

# 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)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coastwater Wells sv  
Date drilling completed: 11-16-09

**For Office Use Only:**  
Aquifer: E 170  
Well #: T582  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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 Rentrop</u>       | Latitude: <u>30.33.399</u> Longitude: <u>088.46.492</u>   |
| Mailing Address: <u>9913 Oak Trail</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Vanceleave, Ms 39565</u>            | <u>E</u> 1/4 NW 1/4 Sec <u>3</u> T <u>65</u> R <u>9W</u>  |
| City State Zip Code                    | Distance Direction Nearest Town   |
| Telephone No. <u>(601) 669-2691</u>    | <u>5</u> Miles <u>WEST</u> of <u>Vanceleave</u>   |

**Well Data**

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

Date well drilling started: 11-16-09 Date well drilling completed: 11-16-09

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 11-16-09

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

Hole depth: 150 FT. Well depth: 150 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 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 140 feet to 150 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.

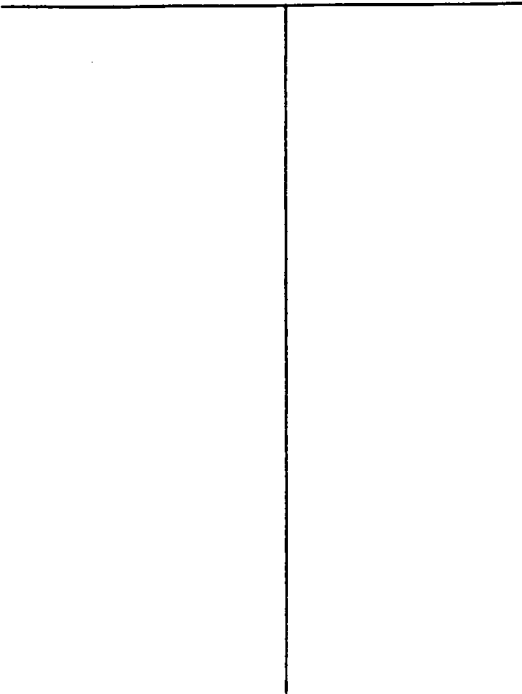
Jack Ridgdell

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

~~E170~~ J582

Ground Level



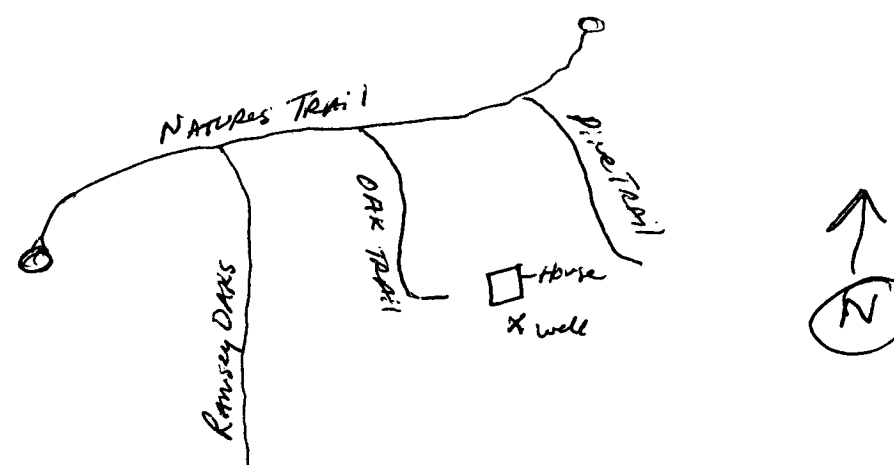
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOPSOIL                               | 0    | 2   |
| Orange Clay                           | 2    | 18  |
| Brown coarse sand                     | 18   | 60  |
| Orange and White clay                 | 60   | 110 |
| Brown coarse Sand                     | 110  | 150 |
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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 Kentrop

  
\_\_\_\_\_  
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: ~~E10~~  
 Well #: J582  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Well Serv.  
 Date completed: 11-16-09

**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 Bentrop</u>       | Latitude: <u>30°33'39"</u> Longitude: <u>088°46'49"</u>   |
| Mailing Address: <u>9913 Oak Trail</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Vanclave MS 39565</u>               | <u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>3</u> Twn <u>T65</u> Rng <u>R8w</u>                                      |
| City State Zip Code                    | Distance Direction Nearest Town   |
| Telephone No. <u>(601) 669-2691</u>    | <u>5</u> Miles <u>West</u> of <u>Vanclave</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one                    |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine               | <u>Electric Motor</u> Hand Tractor PTO      |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well     | Windmill Other (specify): _____             |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1 HP</u>    |
| Date Pump Installed: <u>12-10-09</u>  | Setting Depth: <u>40 FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>9</u> Gallons Per Minute                                      | Number of Stages: <u>2</u>                  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one            |
|---|--|
| Date Well Tested: <u>12-10-09</u>                           | <u>Air Line</u> Electric Measuring Line Steel Tape       |
| Static Water Level (A): <u>25</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</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>4</u> hours     |  |

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

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