

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J622
Aquifer:
E-Log #:

County: JACKSON
Permit #:
Driller: Coast Water Wells, Svc
Date drilling completed: 10-17-17

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Leslie Seymour
Mailing Address: Jim Ramsey Loop
Vance, Ms 39565
Telephone No. 228 424-6709
Well or Borehole Location
Latitude: 30°33'53.04" Longitude: 088°46'45.06"
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
5 1/4 miles west of Vance

Well / Borehole Data
Date drilling started: 10-17-17 Date drilling completed: 10-17-17 Hole depth: 163 FT Hole diameter: 2"
Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well
Logs run (circle all applicable): No log run
Purpose of borehole (circle one): Water Well
Purpose of Well (circle all applicable): Home
Static Water Level: 25 feet [above or below] land surface Date measured: 10-17-17
Method of measurement (circle one): Air line
Well depth: 163 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement
Casing length: 153 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 153 feet to 163 feet
Type of completion (circle all applicable): Natural Development
Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

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STATE WELL REPORT

Part 2

County: JACKSON
 Permit #: _____
 Driller: Coast Water Well Svc.
 Date completed: 10-17-17
Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: J622
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Leslie Seymour</u>	Latitude: <u>30°23'53.04"</u> Longitude: <u>088°46'45.06"</u>
Mailing Address: <u>Jim Ramsey Loop</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vandleave, MS 39565</u>	<u>SW 1/4 SW 1/4, Sec 3 T 6S R 8W</u>
City: _____ State: _____ Zip Code: _____	<u>5 1/4</u> Miles <u>West</u> of <u>Vandleave</u>
Telephone No. <u>(228) 424-6709</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10-26-17 Rated Pump Capacity: 9 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1HP Setting Depth: 40FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 10-26-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 25 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: 9 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of N/A feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: N/A RECEIVED
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Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): _____ BY OLWR

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Jack Ridgell 0-472 10/26/17 Jack Ridgell

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer