Coastal Dilling & Suice Co. **State Well Report**

059

$1 \qquad V \times V \times V \qquad 1/257 \qquad =$	en Keport	For Office Use Only:		
County: OCCOSO 1	art 1 t of Environmental Quality			
1 Dame is the	nd Water Resources	Aquifer:		
1 (1) 'A WYALXIII	Sox 10631	Well #: K - 4/7		
Jackson, M	IS 39289-0631 961-5210	L. S. Elevation:		
	1-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within		
Well Owner Information Well Location				
Owner Name San Williams		" Longitude: " "		
Mailing Address: 1348 Hwy 57	Method of Lat/Long (circle on			
		1		
Vancleave, ms. 3956		GPS, Survey-grade GPS		
Vancleave, MS. 3956 City State Zip Code	¼¼ Sec	$_{\text{Twn}} 65_{\text{Rng}} - 0$		
Telephone No. 28, 826~ 3314	Distance Direction Miles	Nearest Town		
Well D	Pata			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started:	vell drilling completed:	17/14		
V · · · · · · · · · · · · · · · · · · ·	•	1 10 1		
If flowing, method of flow regulation: Valve Other (de		7/10/87		
Static Water Level: <u>QQ</u> feet above or below (circle one) land surface Date measured: <u>1/8/84</u>				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 310 Well depth: 310	Well grouted to a depth of _	/5feet		
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 300 feet Casing diameter: 2" inches Type of casing: PIVIC!				
Screen length: 10 feet Screen diameter: 211 inches Type of screen: P.V.C.				
Screen slot size: 1000 inches Setting depth: From 380 feet to 310 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: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):				
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.				
Dwight Red Mason 0-209 by Mon				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				

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Ground Level

200'-4"P	
loo a pu	c Coming
· 0' 2"00	c 3 Crean

Description of Formations Encountered	From	To
FOD Sail	1/	13
ex Class	3	20
weight Sanda	20	35
37 phil lan	35	230
hand Bleek Clark	230	270
fre wetty Sone	270	284
(aux water Sand	285	810
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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.

Well located in front kard of residence 14965 Bunker hill Rd. Weated 2 miles W of Vancleave

Landowner Name: San Williams

Signature of Water Well Contractor

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STATE WELL REPORT Part 2

County: Jacksem Permit #: ______ M Driller: Raniu Masen

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	K-417
Elevation:	

	220 (MAX)
This report should be prepared by the pump installer in det installation of pump.	ail and filed with the Department within 30 days of the
Well Owner Information Owner Name State Springs City State Zip Code Telephone No 288 836 3314	Well Location Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼¼ SecTwnS Rng
Pump Type Circle one Air Lift Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Acted Pump Capacity: 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: Setting Depth: Other (specify): feet Number of Stages:
Pump Test Data Pate Well Tested: Tatic Water Level (A): Feet Below Land Surface Parawdown [(B) - (A)]: Feet Below Land Surface Feet Below Land Surface Feet Below Land Surface Feet Pumping Rate: Gallons Per Minute Feet Pumping Rate: Gallons Per Minute Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Plum Bab For flowing well, measured shut in head:feet Well yielded GPM with a drawdown of feet afterhours of pumping

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

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

Signature of Pump Installer

AUG 1 2 2004

BY: OLWR