

# 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: \_\_\_\_\_  
 Well #: K-430 059  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: CoastWaterWellsSrv  
 Date drilling completed: 9-7-04

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>Rodney Knight</u>	Latitude: <u>30° 29' 53.0"</u> Longitude: <u>88° 38' 59.6"</u>
Mailing Address: <u>2028 BASS DR.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Vancleave MS 39565</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 28 Twn T65 Rng R7W</u>
Telephone No. <u>(601) 787-4447</u>	Distance: <u>4</u> Miles Direction: <u>SE</u> of Nearest Town: <u>VANCLEAVE</u>

**Well Data**

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

Date well drilling started: 9-7-04 Date well drilling completed: 9-7-04

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

Static Water Level: 20 feet above or  below (circle one) land surface Date measured: 9-7-04

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 130 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 130 feet to 140 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

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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. 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: \_\_\_\_\_

Well #: K-430

Elevation: \_\_\_\_\_

County Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wellsrv  
 Date completed: 9-7-04

**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>Rodney Knight</u>	Latitude: <u>30° 29.556"</u> Longitude: <u>088° 38.596"</u>
Mailing Address: <u>2028 Bass Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vanceleave, MS 39565</u>	<u>NE 1/4 SW 1/4 Sec 25 Twn 76 S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 787-4447</u>	<u>4</u> Miles <u>SE</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1/2 HP</u>	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>9-8-04</u>	Setting Depth: <u>40' drop pipe</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-8-04</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>20'</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>7.5</u> GPM with a drawdown of
Test Pumping Rate: <u>7.5</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>4</u> hours	

BY: OLWR

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

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

David Moya  
 Signature of Pump Installer