

# 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-476  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv  
Date drilling completed: 11-5-05

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>Floyd Seal</u>        | Latitude: <u>30° 30' 39.2"</u> Longitude: <u>88° 42' 48.1"</u>  |
| Mailing Address: <u>Wooded Acres</u> | Method of Lat/Long (circle one): Conventional Survey, <u>22</u> |
| <u>Vanceleave, Ms 39565</u>          | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS                |
| City State Zip Code                  | <u>E 1/4 SW 1/4 Sec 20 Twn T6S Rng R7W</u>                      |
| Telephone No. <u>228 769-7118</u>    | Distance Direction Nearest Town                                 |
|                                      | <u>1</u> Miles <u>South</u> of <u>Vanceleave</u>                |

**Well Data**

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

Date well drilling started: 11-4-05 Date well drilling completed: 11-5-05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 11-5-05

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

Hole depth: 359' Well depth: 359' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 344' feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 344 feet to 359 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 Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell  
Signature of Water Well Contractor

RECEIVED

NOV 17 2005

BY: OLWR



# 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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV.  
 Date completed: 11-5-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-476  
 Elevation: \_\_\_\_\_

**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>Floyd Seal</u>        | Latitude: <u>30°30'37.2"</u> Longitude: <u>088°42'43.1"</u>            |
| Mailing Address: <u>Wooded Acres</u> | Method of Lat/Long (circle one): Conventional Survey, <u>26</u>        |
| <u>Vanceleave, MS 39565</u>          | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS                     |
| City State Zip Code                  | <u>E</u> 1/4 <u>SW</u> 1/4 Sec <u>20</u> Twn <u>T6S</u> Rng <u>R7W</u> |
| Telephone No. <u>228-769-7118</u>    | Distance Direction Nearest Town  |
|                                      | <u>1</u> Miles <u>South of</u> <u>Vanceleave</u>                       |

| Pump Type<br>Circle one   | Power Type<br>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> Hand Tractor PTO       |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | Windmill Other (specify): _____              |
| Other (specify): _____  | Horse Power Rating of Motor: <u>2 HP</u>     |
| Date Pump Installed: <u>3-1-06</u>  | Setting Depth: <u>120 FT. Drop pipe</u> feet |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute                                | Number of Stages: <u>3</u>                   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one            |
|---|--|
| Date Well Tested: <u>3-1-06</u>                             | <u>Air Line</u> Electric Measuring Line Steel Tape       |
| Static Water Level (A): <u>100</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</u> GPM with a drawdown of             |
| Test Pumping Rate: <u>7</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.

John Elkins 0-716P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

MAR 27 2006

BY: OLWR