

# 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-515  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Serv.  
Date drilling completed: 6-20-06

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>Wallace Easley</u>      | Latitude: <u>30° 30' 76.9"</u> Longitude: <u>88° 41' 615.37"</u>                                      |
| Mailing Address: <u>Bear Ridge Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Vanceleave, MS 39565</u>            | NW 1/4 NW 1/4 Sec <u>21</u> Twn <u>T6S</u> Rng <u>R7W</u>   |
| City State Zip Code                    | Distance Direction Nearest Town   |
| Telephone No. <u>601-219-2535</u>      | <u>1.1</u> Miles <u>N</u> of <u>Vanceleave</u>  |

### Well Data

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

Date well drilling started: 6-20-06 Date well drilling completed: 6-20-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-20-06

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

Hole depth: 294' Well depth: 294' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 284 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 284 feet to 294 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.

[Signature]  
Signature of Water Well Contractor

RECEIVED

JUL 25 2006  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K-575

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

County: Jackson

Permit #: \_\_\_\_\_

Driller: Coast Water Wells Sur

Date completed: 6-20-06

**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>Wallace Easley</u>                 | Latitude: <u>30° 30' 769"</u> Longitude: <u>088° 41' 615"</u><br><span style="margin-left: 150px;"><u>46</u></span> <span style="margin-left: 150px;"><u>37</u></span> |
| Mailing Address: <u>Bear Ridge Rd.</u>            | Method of Lat/Long (circle one): Conventional Survey,  |
| <u>Vanceleave MS 39565</u><br>City State Zip Code | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS   |
| Telephone No. <u>(228) 219-2535</u>               | <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>21</u> Twn <u>T6S</u> Rng <u>R7W</u>  |
|   | Distance Direction Nearest Town  |
|   | <u>1 N</u> Miles <u>—</u> of <u>Vanceleave</u>   |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston Turbine           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal <input type="radio"/> Rotary Flowing Well | Windmill Other (specify): _____           |
| Other (specify): _____                                | Horse Power Rating of Motor: <u>2HP</u>   |
| Date Pump Installed: <u>6-28-06</u>                   | Setting Depth: <u>80ft Drop Pipe</u> feet |
| Rated Pump Capacity: <u>8.0</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>6-28-06</u>                            | <u>Air Line</u> Electric Measuring Line Steel Tape       |
| Static Water Level (A): <u>110</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>8.0</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>8.0</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 Riddell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Riddell  
 Signature of Pump Installer

**RECEIVED**  
 JUL 25 2006  
 BY: OLWR