

# 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-563  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 5-10-07

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>Darrell Wilkerson</u>    | Latitude: <u>30.30.260</u> Longitude: <u>88.40.250</u> |
| Mailing Address: <u>Paige Bayou Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u>  |
| <u>Vanceleave Ms 39565</u>              | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS     |
| City State Zip Code                     | <u>SW 1/4 SE 1/4 Sec 22 Twn T6S Rng R7W</u>            |
| Telephone No. <u>228 392-6774</u>       | Distance Direction Nearest Town                        |
|   | <u>2 Miles SE of VANCELEAVE</u>                        |

### Well Data

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

Date well drilling started: 5-10-07 Date well drilling completed: 5-10-07

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: 5-10-07

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

Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 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 115 feet to 125 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): 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 Ridgdell 0-472  
Print Name of Water Well Contractor and License No.

Jack Ridgdell  
Signature of Water Well Contractor

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# 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-563

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

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wellsrv.  
 Date completed: 5-10-07

**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>Darrell Wilkerson</u>    | Latitude: <u>30°30'260"</u> Longitude: <u>088°40'250"</u> |
| Mailing Address: <u>Paige Bayou Rd.</u> | Method of Lat/Long (circle one): Conventional Survey,     |
| <u>Vanceleave MS 39565</u>              | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS          |
| City State Zip Code                     | <u>SW 1/4 SE 1/4 Sec 22 Twn T6S Rng R7W</u>               |
| Telephone No. <u>228-392-6774</u>       | Distance Direction Nearest Town                           |
|   | <u>2 Miles SE of 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               | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | Windmill Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1 HP</u>   |
| Date Pump Installed: <u>6-8-07</u>  | Setting Depth: <u>80 FT. Drop pipe</u> feet  |
| Rated Pump Capacity: <u>7.5</u> Gallons Per Minute                              | Number of Stages: <u>2</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>6-8-07</u>                             | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>50</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     |  |

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

Jack Ridgell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell  
 Signature of Pump Installer

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BY: OLWR