

State Well Report

Part I

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 Wellsrv.
Date drilling completed: 5/13/09

For Office Use Only:

Aquifer: _____
Well #: K 631
L. S. Elevation: _____
E-log #: _____

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>Debbie Cornish</u>	Latitude: <u>30° 33' 215"</u> Longitude: <u>088° 42' 591"</u> <u>13"</u> <u>35"</u>
Mailing Address: <u>13124 Country Trail</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>NE 1/4 SW 1/4 Sec 8</u> ✓ Twn <u>T6 S</u> Rng <u>R7 W</u>
Telephone No.: <u>228 321-7310</u>	Distance: <u>1 1/2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Vanceleave</u>

Well Data

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

Date well drilling started: 5/11/09 Date well drilling completed: 5/13/09

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5/13/09

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

Hole depth: 314 FT. Well depth: 314 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix _____

Casing length: 299 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 299 feet to 314 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 Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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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 #: <u>K 631</u>	
Elevation: _____	

County: <u>Jackson</u>
Permit #: _____
Driller: <u>Coast Water Well SRV</u>
Date completed: <u>5/13/09</u>

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Debbie Cornish</u></p> <p>Mailing Address: <u>13624 Country Trail</u></p> <p style="text-align: center;"><u>Vardeave, Ms 39565</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. <u>601 327-7310</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>30° 32' 215"</u> Longitude: <u>088° 42' 591"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>NE 1/4 SW 1/4 Sec 8 Twn 7 S Rng 2 W</u></p> <p>Distance Direction Nearest Town <u>1/2 Miles west of Vardeave</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>5/14/09</u></p> <p>Rated Pump Capacity: <u>20</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1 1/2 HP</u></p> <p>Setting Depth: <u>160 FT. Dropp pipe</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>5/14/09</u></p> <p>Static Water Level (A): <u>80</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>21</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>6</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p><u>Air Line</u> Electric Measuring Line Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: <u>N/A</u> feet</p> <p>Well yielded <u>60</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

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MAY 22 2009

BY: OLWR