

# 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: F 671  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well  
Date drilling completed: 7/8/11 SRV.

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>Daniel Westphal</u>	Latitude: <u>30.313504</u> Longitude: <u>88.394231</u>
Mailing Address: <u>Boggy Branch Rd.</u>	Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>42</u>
<u>Vanceleave, Ms 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 14 Twn 765 Rng R 7W</u>
Telephone No. <u>228, 218-1499</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>East</u> of <u>Vanceleave</u>

Well Data
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>Hand Pump well</u>
Date well drilling started: <u>7/8/11</u> Date well drilling completed: <u>7/8/11</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____
Static Water Level: <u>35</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>7/8/11</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____
Hole depth: <u>136 FT.</u> Well depth: <u>136 FT.</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix
Casing length: <u>126</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>126</u> feet to <u>136</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): <u>N/A</u>

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 Kildgell 0-472  
Print Name of Water Well Contractor and License No.

Jack Kildgell  
Signature of Water Well Contractor

RECEIVED

JUL 21 2011

Lewis Printing - Pascagoula, MS  
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: K671  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 7/8/11

**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>Daniel Westphal</u>	Latitude: <u>30° 31' 35.04"</u> Longitude: <u>088° 39' 42.24"</u>
Mailing Address: <u>Boggy Branch 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>NW</u> ¼ <u>NW</u> ¼ Sec <u>14</u> Twn <u>T6S</u> Rng <u>R7W</u>
Telephone No. <u>(228) 218-1499</u>	Distance                      Direction                      Nearest Town
	<u>1 1/2</u> Miles <u>East</u> of <u>Vanceleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): <u>HAND PUMP ROD TYPE</u>	Horse Power Rating of Motor: <u>N/A</u>
Date Pump Installed: <u>7/26/11</u>	Setting Depth: <u>55 FT. DROP PIPE</u> feet
Rated Pump Capacity: <u>3</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/26/11</u>	<u>Air Line</u> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>35</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>3</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                      Jack Ridgell  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

**RECEIVED**  
 AUG 26 2011  
 BY: OLIVER