

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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv.
 Date drilling completed: 9/1/11

For Office Use Only:

Aquifer: _____
 Well #: R-77
 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>Anita Mason / Mason Trendsetters</u>	Latitude: <u>30.32300</u> Longitude: <u>088.395886</u>
Mailing Address: <u>Kenneth Cole 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> City State Zip Code	<u>SE 1/4 Sec 10</u> Twn <u>T6S</u> Rng <u>R7W</u>
Telephone No. <u>229-5896</u>	Distance <u>1/4</u> Miles Direction <u>East</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: 9/1/11 Date well drilling completed: 9/1/11

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 9/1/11

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

Hole depth: 130 FT. Well depth: 130 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 120 feet to 130 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 0472 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 #: R677
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Serv.
 Date completed: 9/1/11

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>Anita Mason/Mason</u> Mailing Address: <u>Kenneth Cole Rd.</u> <u>Vancleave, MS 39565</u> City State Zip Code Telephone No: <u>668 227-5896</u>	Latitude: <u>30° 39' 3.00"</u> Longitude: <u>088° 39' 58.86"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad: _____, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 10 Twn T6S Rng R7W</u> Distance Direction Nearest Town <u>1 1/4 Miles ENE of Vancleave</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>9/2/11</u> Rated Pump Capacity: <u>9</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 H.P.</u> Setting Depth: <u>60 FT. Drop Pipe</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/2/11</u> Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>9</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>22</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping

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