

# 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: K 706  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 1-8-13

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>Mike + Tracy Duke</u>	Latitude: <u>30° 29' 11.10"</u> Longitude: <u>088° 39' 33.00"</u>
Mailing Address: <u>Paige Bayou Marina Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Vanderveave, MS 39565</u>	<u>NE 1/4 NW 1/4 Sec 35 Twn T6 S Rng R7 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 990-1362</u>	<u>3</u> Miles <u>SE</u> of <u>Vanderveave</u>

### Well Data

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

Date well drilling started: 1-8-13 Date well drilling completed: 1-8-13

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

Static Water Level: 2 feet above or below (circle one) land surface Date measured: 1-8-13

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

Hole depth: 130FT Well depth: 130FT 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 law.

Jack Ridgell 0-472 Jack Ridgell JAN 6 2013

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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date completed: 1-8-13  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: K 706  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Mike + Tracy Duke</u>	Latitude: <u>30° 29' 11.10"</u> Longitude: <u>088° 39' 33.00"</u>
Mailing Address: <u>Paige Bayou Marina Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u>	<u>NE 1/4 NW 1/4, Sec 35 T16S R7W</u>
City: _____ State: _____ Zip Code: _____	<u>3</u> Miles <u>SE</u> of <u>Vanceleave</u>
Telephone No. <u>(228) 990-1362</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7/10/13 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 2 FT. Drop Pipe feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7/10/13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 2 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: N/A feet.

Well yielded N/A GPM with a drawdown of N/A feet after N/A hours of pumping

**Meter Installation**

Meter Manufacturer: N/A Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: N/A

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A

Installation Date: N/A Meter installed by: N/A

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Jack Ridgell 0-472 7/24/13 Jack K. Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

RECEIVED  
 BY: OLWR