

# STATE WELL REPORT

16

County: Jackson  
 Permit #: Coast Water Well Svc.  
 Driller: Coast Water Well Svc.  
 Date drilling completed: 3/12/19

**Part 1**  
**Driller's Log**  
 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)

## For Office Use Only:

Well #: K797  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Richard Wilson</u> Mailing Address: <u>10404 Johns Bayou Road</u> <u>Vancleave, Ms 39565</u> City State Zip Code Telephone No. <u>228 990-0270</u>	<b>Well or Borehole Location</b> Latitude: <u>30°29'45.36"</u> Longitude: <u>88°38'33.48"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE SE SW NW</u> <u>25</u> T <u>6</u> S R <u>7</u> W <u>3/4</u> Miles <u>SE</u> of <u>Vancleave</u> (Distance) (Direction) (Nearest Town)
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<b>Well / Borehole Data</b> Date drilling started: <u>3/12/19</u> Date drilling completed: <u>3/12/19</u> Hole depth: <u>135 FT</u> Hole diameter: <u>2"</u> Location of the source of any surface water used for drilling: <u>NA</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 gallon 1000 Drilling 2 gal in well</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other (describe): _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>15</u> feet [above or below] land surface Date measured: <u>3/12/19</u> (circle one) Method of measurement (circle one): Steel tape Electric tape <u>Air line</u> Other (describe): _____ Well depth: <u>135 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>125</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>1006</u> inches Setting depth: From <u>125</u> feet to <u>135</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>NA</u> feet If telescoped or more than one screen, describe on next page	



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Well #: K797

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

[illegible]

If more than one screen, show location of each on sketch

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow

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MAR 29 2019  
BY OLWR

Richard Wilson

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jack Ridgell 0-472  
Print Name of Responsible Licensee and License No.

3/13/19  
Date

Signature of Licensee \_\_\_\_\_  
Form: OLWR-SWR-1A (4)

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



# 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)

### For Office Use Only:

Well #: K 797  
Aquifer: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Svc.  
Date completed: 3/12/19  
Copy information from block on Part 1

*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.*

<b>Well Owner Information</b> Owner Name: <u>Richard Wilson</u> Mailing Address: <u>10404 Johns Bayou Road</u> <u>Vanceleave, MS 39565</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>601 990-0270</u>		<b>Well Location</b> Latitude: <u>30° 29' 45.36"</u> Longitude: <u>88° 38' 33.48"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NESE 1/4 SWNW 1/4</u> , Sec <u>25</u> T <u>6S</u> R <u>7W</u> <u>3 1/4</u> Miles <u>SE</u> of <u>Vanceleave</u> (Distance) (Direction) (Nearest Town)
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<b>Pump Type (circle one)</b> Submersible Turbine Air Lift Centrifugal Flowing Well <input checked="" type="radio"/> Jet Piston Rotary Other (describe): _____ Date Pump Installed: <u>3/12/19</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<b>Power Type (circle one)</b> Electric <input checked="" type="radio"/> Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>40 FT DP</u> feet Number of Stages: <u>2</u>	

<b>Pump Test Data for Non Flowing Well</b> Date Well Tested: <u>3/12/19</u> Duration of Pump Test (minimum 4 hours): <u>4</u> hours Static Water Level (A): <u>15</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>10</u> Gallons Per Minute Method of measurement (circle one): Steel tape Electric tape <input checked="" type="radio"/> Air line Other (describe): _____	
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<b>Pump Test Data for Flowing Well</b> Measured shut in head: _____ feet. Well yielded _____ GPM with a drawdown of <u>N/A</u> feet after _____ hours of pumping	
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<b>Meter Installation</b> Meter Manufacturer: <u>N/A</u> Meter Serial Number: _____ Meter Model Number/Name: _____ Type of Meter: _____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ Installation Date: _____ Meter installed by: _____ Is This Meter (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> 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.	
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Jack Ridgell</u> <u>0-472</u> <u>3/13/19</u> Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	
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