

23 MAR 29 2019

STATE WELL REPORT

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 #: K799
Aquifer:
E-Log #:

County: JACKSON
Permit #:
Driller: Coast Water Wells, Inc.
Date drilling completed: 3/5/19

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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: ROSS MULLER
Mailing Address: 11055 PAIGE BAYOU ROAD
Vanceleave, MS 39565
City State Zip Code
Telephone No. 504, 415-5777
Well or Borehole Location
Latitude: 30°30'16.80" Longitude: 88°40'19.44"
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS [checked], Survey-grade GPS
SW 1/4 SE 1/4, Sec. 22 T. 6S R. 7W
2 Miles SE of Vanceleave
(Distance) (Direction) (Nearest Town)

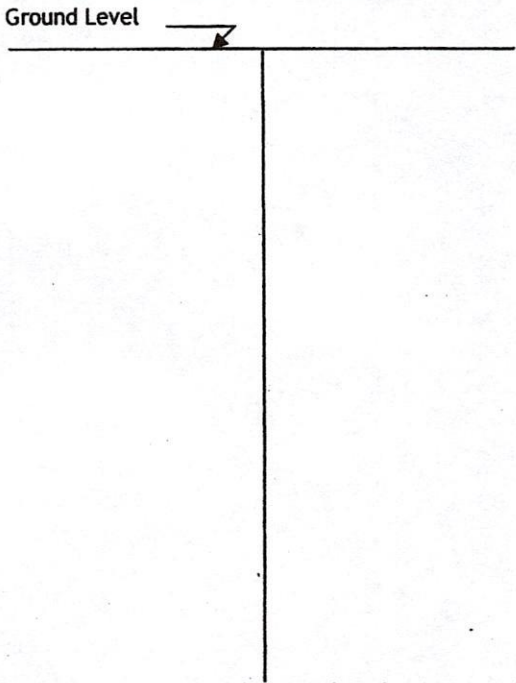
Well / Borehole Data
Date drilling started: 3/5/19 Date drilling completed: 3/5/19 Hole depth: 125 FT Hole diameter: 8"
Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: 1 Gal Per 1000 drilling 2 Gal in well
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (circle one) Water Well 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): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 15 feet [above or below] land surface Date measured: 3/5/19
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 125 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 115 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 115 feet to 125 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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 next page

County: Jackson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: K 799

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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

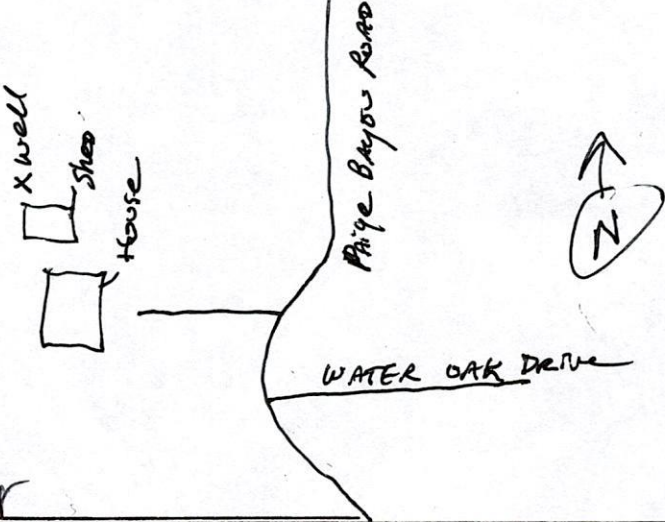


Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Orange Clay	2	15
Brown coarse sand	15	30
White + Orange Clay	30	80
Brown coarse sand	80	125

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

- Sketch the property layout and include the following:
- 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



Landowner Name: Ross Muller

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 Ridgdell 0472 3/6/19  
 Print Name of Responsible Licensee and License No. Date

Jane Rippe  
 Signature of Licensee

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# 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 svc  
 Date completed: 3/5/19  
 Copy information from block on Part 1

**For Office Use Only:**  
 BY OLWR  
 Well #: K 799  
 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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Ross Muller</u>	Latitude: <u>30° 30' 16.80"</u>	Longitude: <u>088° 40' 19.44"</u>	
Mailing Address: <u>11055 Paige Bayou Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Vandervee, MS 39565</u>	<u>5W 1/4 SE 1/4, Sec 22 T 6S R 7W</u>		
City State Zip Code	<u>2</u> Miles <u>SE</u> of <u>Vandervee</u>		
Telephone No. <u>504 415-5777</u>	(Distance)	(Direction)	(Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 3/5/19 Rated Pump Capacity: 10.5 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: 1HP Setting Depth: 40 FT feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3/5/19 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 15 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: 10.5 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: \_\_\_\_\_ feet. N/A

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

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

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):  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 3/6/19 Jack Ridgell

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer