

# 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 #: K 821  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Svc  
 Date drilling completed: 10-20-21

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Wayne Street</u>	Latitude: <u>30°29'19.45"</u> Longitude: <u>088°38'639"</u>
Mailing Address: <u>10758 Johns Bayou Circle</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>30 29 57</u> <u>88 38 38.3</u>
<u>Vanceleave</u> <u>MS</u> <u>39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> <u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>28</u> <u>25</u> T <u>6S</u> R <u>7W</u>
Telephone No. <u>(601) 580-3930</u>	<u>3</u> Miles <u>SE</u> of <u>Vanceleave</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-20-21</u>	Date drilling completed: <u>10-20-21</u> Hole depth: <u>118 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal per 1000 Drilling 2 gal in well</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>10</u> feet (above or below) land surface (circle one) Date measured: <u>10-20-21</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line Other (describe): _____	
Well depth: <u>118 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix	
Casing length: <u>108</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>108</u> feet to <u>118</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

*If telescoped or more than one screen, describe on next page*

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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 Wells, Inc  
 Date completed: 10-20-21  
Copy information from block on Part 1

**For Office Use Only:**

Well #: K 821  
 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>Wayne Street</u>	Latitude: <u>30°29'94.5"</u> Longitude: <u>088°38'6.39"</u>
Mailing Address: <u>10758 Johns Bayou Circle</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>30 29 57</u> <u>88 38 38.3</u>
<u>Vancleave</u> <u>MS</u> <u>39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City      State      Zip Code	<u>SE NW</u> 1/4, Sec <u>28</u> T <u>6S</u> R <u>7W</u>
Telephone No. <u>(601) 580-3930</u>	<u>3</u> Miles <u>SE</u> of <u>Vancleave</u> (Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 10-21-21      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: 40FT DP feet      Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-21-21      Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 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.

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

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ N/A      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):    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.*

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

Jack Ridadell 0-472      10-21-21      [Signature]  
 Print Name of Pump-Installer and License No. (if applicable)      Date      Signature of Pump Installer