

# STATE WELL REPORT

56

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Inc  
 Date drilling completed: 12-9-21

**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 825  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Verona Stacy</u>	Latitude: <u>30°31'694"</u> Longitude: <u>088°37'884"</u> <u>30 31 42</u> <u>88 37 53</u>
Mailing Address: <u>13115 Ware Lake Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<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>NE 1/4 NE 1/4, Sec 13 T 6S R 7W</u>
Telephone No. <u>(228) 282-3708</u>	<u>3</u> Miles <u>East</u> of <u>Vanceleave</u> (Distance)      (Direction)      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 12-9-21 Date drilling completed: 12-9-21 Hole depth: 65 FT Hole diameter: 2"

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: 1gal Per 1000 Drilling 2gal 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): (Well FOR HAND OPERATED RED PUMP)

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 25 feet [above or  below] land surface    Date measured: 12-9-21  
(circle one)

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

Well depth: 65 FT Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 60 feet    Casing diameter: 2 inches    Type of casing: GALVANIZED

Screen length: 5 feet    Screen diameter: 2 inches    Type of screen: Stainless Steel

Screen slot size: .008 inches    Setting depth: From 60 feet to 65 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*

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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: 12-9-21  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K 825  
 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>Verona Stacy</u>	Latitude: <u>30°31'694"</u> Longitude: <u>088°37'884"</u>
Mailing Address: <u>13115 Ware Lake Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vancleave</u> <u>Ms</u> <u>39565</u>	<u>NE 1/4 NE 1/4, Sec 13 T 6S R 7W</u>
City State Zip Code	<u>3</u> Miles <u>East</u> of <u>Vancleave</u>
Telephone No. <u>228 282-3708</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Hand operated ROB PUMP

Date Pump Installed: 2/22/22 Rated Pump Capacity: \_\_\_\_\_ 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): Hand Operated

Horse Power Rating of Motor: N/A Setting Depth: 40 <sup>to cylinder</sup> feet Number of Stages: N/A

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2/22/22 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 25 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: 5gpm 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: \_\_\_\_\_

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 Riddell 0-472 2/22/22 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer