

# STATE WELL REPORT

## Part I

### 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 #: L198  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well  
Date drilling completed: 11-19-14 <sup>3vc</sup>

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)	Well or Borehole Location
Owner Name: <u>Kenneth Hooks</u>	Latitude: <u>30° 32' 4.98"</u> Longitude: <u>088° 31' 59"</u>
Mailing Address: <u>Grass Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Moss Point, MS 39562</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4, Sec 12 T 6 S R 6 W</u>
Telephone No. <u>(228) 218-0056</u>	<u>6</u> Miles <u>NORTH</u> of <u>Moss Point</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>11-19-14</u> Date drilling completed: <u>11-19-14</u> Hole depth: <u>181 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 depth in well</u>	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> 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): <u>Home</u> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
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 (circle one) Date measured: <u>11-19-14</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <u>Air line</u> <input checked="" type="checkbox"/> Other (describe): _____	
Well depth: <u>181 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>171</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>171</u> feet to <u>181</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <u>Natural Development</u> <input checked="" type="checkbox"/>	
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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Form: OLWR-SWR-1A (4/13)

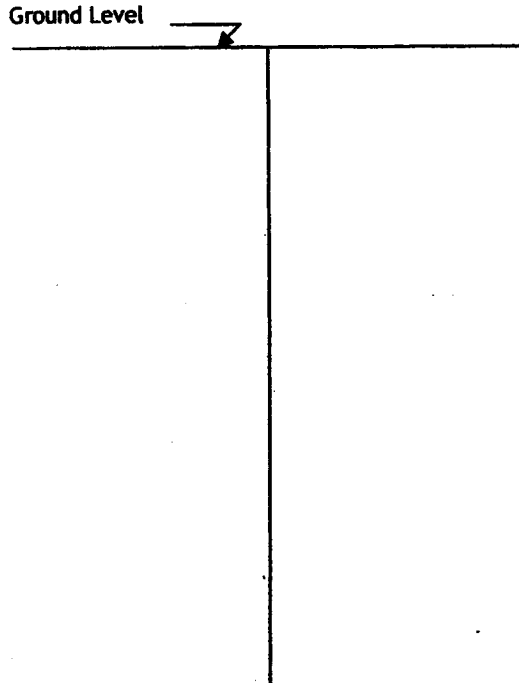
BY: OLWR

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

**For Office Use Only:**  
 Well #: 2198

The sketch below only required for water wells

If well telescopes, show depths on sketch.



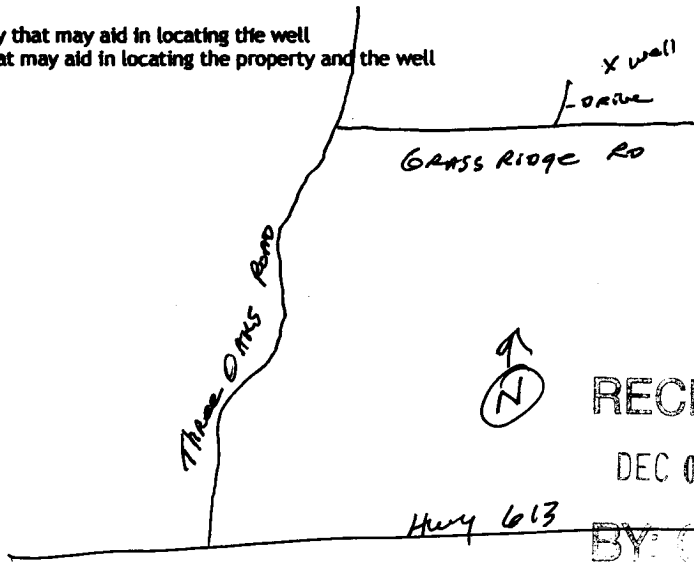
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	1
Orange Clay	1	15
Gray Clay	15	50
White Coarse Sand	50	100
Blue clay	100	163
Gray Coarse Sand	163	181

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



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BY: [Signature]

Landowner Name: Kenneth Hooks

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 Ridadell 0-472 11/20/14  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee

# 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: Coastwaterwellsvc  
Date completed: 11-19-14  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: L198  
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>Kenneth Hooks</u>	Latitude: <u>30° 32' 4.98"</u> Longitude: <u>088° 31' 59.34"</u>
Mailing Address: <u>Grass Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mass Point, MS 39562</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SE 1/4, Sec 12 T6S R6W</u>
Telephone No. <u>228 218-0056</u>	<u>6</u> Miles <u>North</u> of <u>Mass Point</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 11-26-14 Rated Pump Capacity: 9.5 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: 40FTDP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 11-26-14 Duration of Pump Test (minimum 1 hour): 4 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: 9 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 Ridgell 0-472 11/28/14 Joe Rapp  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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