	TO STATE WELL REPORT	T OCC II O	
county: Tackson	Part 1	For Office Use Only:	
Permit.#:	Driller's Log	Well #: ME23	
priller Coast Water Well SVC	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
	P.O. Box 2309	E-Log #:	
Date drilling completed: $4-7-15$	Jackson, MS 39225-2309		
	→ (601)961-5210 (601)360-0535 (fax)		
State Law requires that this repor	t be prepared by the license holder responsible for within 30 days of completion of drilling of the well	the work and filed with the or borehole.	
Well Owner Informa	tion Well or Bor	ehole Location	
(Landowner if borehole is not fo	r a water well)	ngitude: 08825'52.02'	
Owner Name: Frank + Alice	Curtis Landide: De Wood wold	rigitude. V 00 - 3-4-10	
	Nethod of Lat /Lang (check on	e): Conventional Survey,	
Mailing Address: State Line	LISCS and Hand-held (	GPS, Survey-grade GPS	
	USUS QUAU, FIARO-FIELD	was - Smile pine	
moss Point ms 3	9562 Jan 14, Sec.	Joron MAP	
moss toint, ms 3 city State	Zip Code Roke 75 Miles	of Colored City	
Telephone No. (208) 219-401			
Date drilling started: 4-7-15 Date	Well / Borehole Data te drilling completed: <u>4-7-15</u> Hole depth: <u>230</u>	FT Hole diameter: <u></u>	
Location of the source of any surface	water used for drilling: MA		
Method of dosing and volume of Chlo	rine used in drilling and development: 1921 Per 100	Odrilling agalsinwell	
Logs run (circle all applicable): No log	grun Electric Gamma Ray Density Sonic Neut	ron Other:	
Name of organization running log(s):			
Purpose of borehole (circle one): Wat	ger Well Geotechnical/Geological Investigation	Ground Source Heat Pump	
	smic Survey Other (describe)		
If drilling is not r	elated to water well construction, skip the remaind	er 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 reg	gulation: Valve Other (describe)		
l	eet (above or below) land surface Date measur	<sub>ed:</sub> 4-7-15	
Static Water Level: <u>+3</u> fe	eet (above) or below] land surface Date measur (circle one)		
	: Steel tape Electric tape Air line Other (describe		

Casing diameter:

feet

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

Screen diameter:

Setting depth: From

Casing length:

Screen slot size: 1

Screen length:

Other (describe):

r casing: NA feet

APR 2 0 20

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

Natural Development

Type of casing: <u>PVC</u>

feet to

Open hole

inches

Underreamed

inches

Form: OLWR-5WB-14 (4/13)

feet

County:				For Office Use Only:		
The sketch below only requi	red for water wells	<u>Description of formation</u> and boreholes, unless st	ns encountered	must be provide	d for all wells	
f well telescopes, show dept	hs on sketch.					
Ground Level		Description of Formations Top Soil	Encounterea	From (depth) Ground level	To (depth)	
		Gray Clay		1 a	25	
		WhiteCourses	Sand	25	80	
		Blue Clay		80	100	
		Brown Charse	Sand	100	144	
		Blue clay.	0.01	144	<i>d</i> 03	
		GrayMedium	Sala	203	a30	
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f more than one screen, show lo	cation of each on sketch	L				
etch the property layout and in 1) the well location 2) any permanent structures 3) any roads, power lines, or 4) north arrow	on the property that may	in locating the property and th	e well	Sign		
		Huy 614		51	ŀ	
				[4]		
				20	1	
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				gate		
Chamos. 7	rater			- gate		
CAMPER T	raten			- gare		
CAMPER T	ravier Septic For			}		
	RATHER Septic FOR	<u>~</u>		}		
		5 m	ze -C	}		
CAMPER T uf well &		5 m	Ze — C	}	, 17	
		5 m	Te — C	}		
		5 m	Te — C Keo Dino	}	Wed.	
Hunsing a	e Aruys	A	Le — C Keo Dino	}		
Hunsing a		A	Le -C	}		
Hunring a substitution of the second state of	¿ Alice Cur	+(S	ed in accordan	Sp. Company and applied to the special	Table of the state	
Andowner Name: Frank HEREBY CERTIFY that the we	¿ Alice Cur	+(S	ed in accordan	ce with all applitment of Health	cable regulations,	
Hunting and	¿ Alice Cur	+(S	ed in accordan	ce with all applitment of Health	Table of the state	
ndowner Name: Frank EREBY CERTIFY that the we	¿ Alice Cur	+(S	ed in accordantsissippi Depart	ce with all applitment of Health	cable regulations,	
ndowner Name: Frank EREBY CERTIFY that the we quirements of the Mississipp applicable, and state laws.  Tack Ridadell	EATICE CUT ell/borehole was drilled of Department of Environ	+(S	ed in accordantsissippi Depart	ce with all applitment of Health	cable regulations,	
ndowner Name: Frank  IEREBY CERTIFY that the we quirements of the Mississipp	EATICE CUT ell/borehole was drilled of Department of Environ	, constructed, and completenmental Quality and the Mis	ed in accordantsissippi Depart	ce with all applitment of Health fe of Licensee Form: OLWR-	cable regulations,	
howoring and owner Name: Frank EREBY CERTIFY that the we guirements of the Mississipp applicable, and state laws.  Tack Ridadell	EATICE CUT ell/borehole was drilled of Department of Environ	, constructed, and completenmental Quality and the Mis	ed in accordantsissippi Depart	ce with all applitment of Health fe of Licensee Form: OLWR-	cable regulations,	

## STATE WELL REPORT

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Copy information from block on Part 1

Date completed:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

Part 2

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:				
Well #: M 623				
Aquifer:				

(601) 300-0333 (18X)
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: Frank & Alice Curtis Latitude: 303/2026 Longitude: 0882552.02"
Mailing Address: STA+C Line KOAD South Method of Lat/Long (check one): Conventional Survey,
Woss bint, MS 39562  City  State  USGS quad, Hand-held GPS_V, Survey-grade GPS_  See GPS Reappes 5 mile Ding Rapo  Which IS NOT ON MAPS
Telephone No. (28) 219-4012 [Distance] (Direction) (Nearest Town)
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 4-9-15 Rated Pump Capacity: 8 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: AH Setting Depth:feet Number of Stages:
Pump Test Data for Non Flowing Well
Date Well Tested: 4-9-15 Duration of Pump Test (minimum 4 hours): 6 hours
Static Water Level (A): +3 Feet Below Land Surface Pumping Water Level (B): +5 Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 8 Gallons Per Minute
Method of measurement (circle one): Steel tape
Pump Test Data for Flowing Well  Measured shut in head: 3/2 feet.
Well yielded 12 GPM with a drawdown of 0 feet after 6 hours of pumping
Meter Installation
Meter Manufacturer:
Meter Model Number/Name:
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.
Took Ridgell 0-472 4/13/15  Print Name of Pump Installer and License No. (If applicable)  Date  Signature of Pump Installer
Forms Of We CWD 49 (4/4)

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