

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601) 961-5210  
(601) 354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 2619  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 8/27/12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Greg + Kim Fleming</u>	Latitude: <u>30° 26' 45.06"</u> Longitude: <u>088° 26' 6.06"</u>
Mailing Address: <u>10501 Pecan Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Moss Point, MS 39562</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 12</u> Twn <u>T75</u> Rng <u>R5W</u>
Telephone No. <u>(228) 475-5189</u>	Distance Direction Nearest Town <u>3</u> Miles <u>EAST</u> of <u>MOSS POINT</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8/27/12</u> Date well drilling completed: <u>8/27/12</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>5</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8/27/12</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>226 FT</u> Well depth: <u>226 FT</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>216</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>216</u> feet to <u>226</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgell 0-472  
Print Name of Water Well Contractor and License No.

Jack Ridgell  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

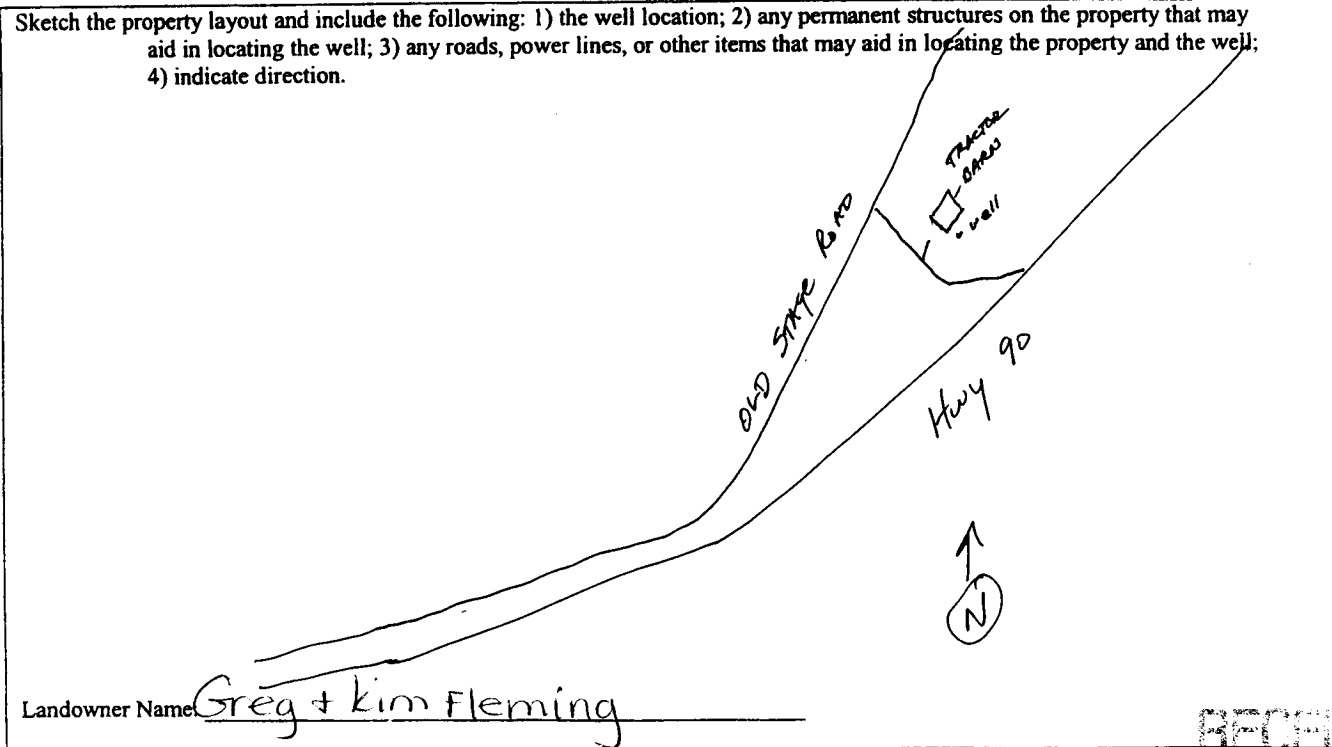
Ground Level \_\_\_\_\_

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Description of Formations Encountered	From	To
Top Soil	0	1
Blue Mud	1	25
Blue Clay w/ streaks of Sand	25	180
Gray Medium to Coarse Sand	180	226

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) indicate direction.



Landowner Name: Greg + Kim Fleming

RECEIVED  
 SEP 11 2011  
 BY OWNER

John Richelle  
 Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 2619  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv  
 Date completed: 8-27-12

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Greg + Kim Fleming</u>	Latitude: <u>30° 26' 45.06"</u> Longitude: <u>088° 26' 6.06"</u>
Mailing Address: <u>10501 Pecan Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Miss Point, MS 39562</u>	<u>SW 1/4 SE 1/4 Sec 12 Twn T75 Rng R5W</u>
City                      State                      Zip Code	Distance                      Direction                      Nearest Town
Telephone No. <u>601-475-5189</u>	<u>3</u> Miles <u>East</u> of <u>Miss Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift <u>(Jet)</u> Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>(Electric Motor)</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>9/7/12</u>	Setting Depth: <u>30 FT. Drop Pipe</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/7/12</u>	<u>(Air Line)</u> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Jack Riddell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Riddell  
 Signature of Pump Installer