

16'

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coast Waterwell Svc.  
 Date drilling completed: 9-12-18

### 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 #: H678  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>4DHomes, LLC</u>	Latitude: <u>30°30'48.30"</u> Longitude: <u>088°53'10.32"</u>
Mailing Address: <u>Stephen Earl Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi, MS 39532</u>	USGS quad <u>NE 1/4 NE 1/4, Sec 21 T 6 S R 9 W</u>
City State Zip Code	<u>4 1/2</u> Miles <u>North</u> of <u>D'Iberville</u>
Telephone No. <u>(228) 669-1979</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-12-18 Date drilling completed: 9-12-18 Hole depth: 230 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: 1 Gal Per 1000 Drilling 2 Gal 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): \_\_\_\_\_

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

Static Water Level: 40 feet [above or  below] land surface Date measured: 9-12-18

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

Well depth: 230 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 230 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1/16 inches Setting depth: From 230 feet to 230 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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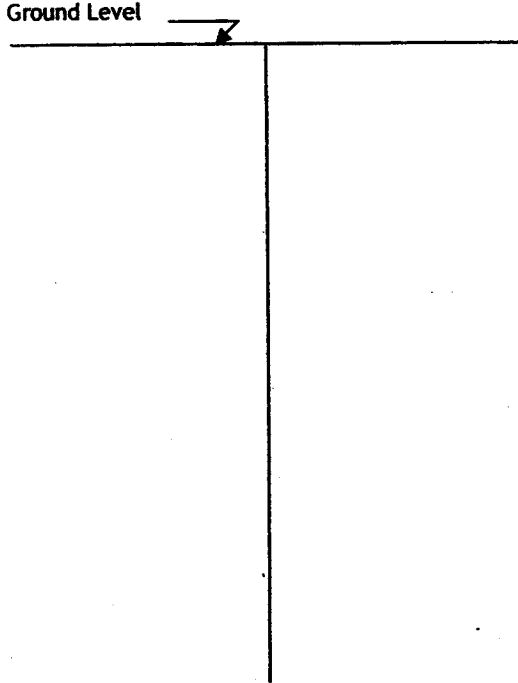
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BY OLWR

County: Harrison  
Permit #: \_\_\_\_\_

For Office Use Only:  
Well #: H678

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

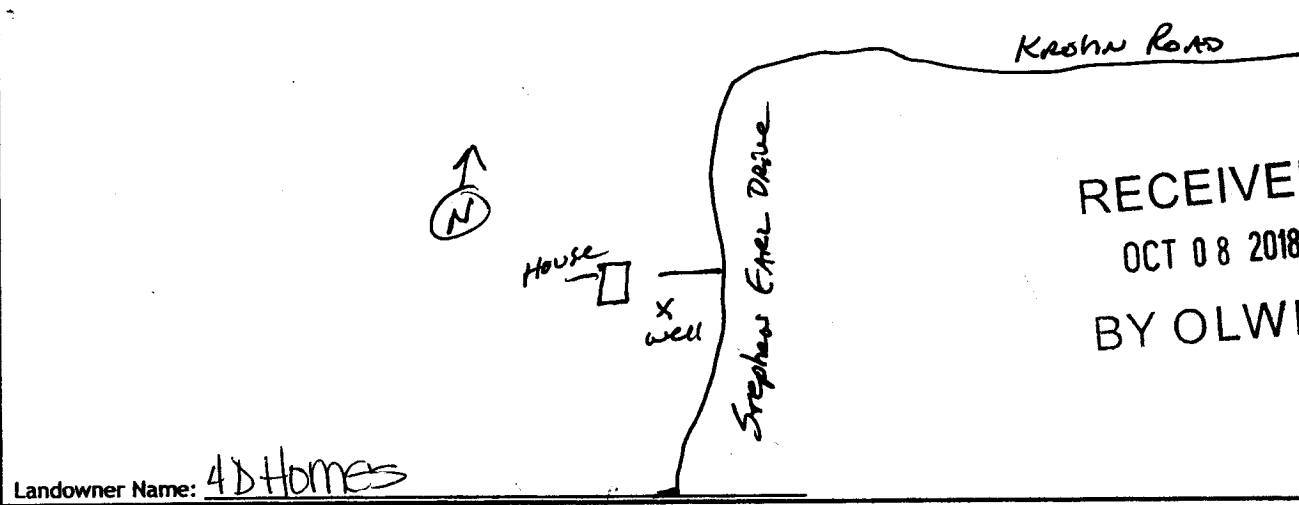


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
orange clay	2	10
White coarse sand	10	40
Blue clay	40	195
Gray medium sand	195	230

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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Landowner Name: 4 D Homes

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 Ridgell 0-472  
Print Name of Responsible Licensee and License No.

9/12/18  
Date

*Jack Ridgell*  
Signature of Licensee

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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: HARRISON  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells SVC  
Date completed: 9-12-18  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: H678  
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>4D Homes, LLC</u>	Latitude: <u>30° 30' 48.30"</u> Longitude: <u>088° 53' 10.32"</u>
Mailing Address: <u>Stephen Earl Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi, MS 39532</u>	<u>NE 1/4 NE 1/4, Sec 21 T 6 S R 9 W</u>
City: _____ State: _____ Zip Code: _____	<u>4 1/2</u> Miles <u>North</u> of <u>D'Iberville</u>
Telephone No. <u>601-669-1979</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-13-18 Rated Pump Capacity: 8.5 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: 60FT DP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 9-13-18 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 40 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: 8.5 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. N/A  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ N/A Meter Serial Number: \_\_\_\_\_ **RECEIVED**  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_ **OCT 08 2018**  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_ **BY OLWR**  
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 D-472 9/13/18 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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