

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 #: J425
Aquifer: _____
E-Log #: _____

County: Harrison

Permit #: 0239

Driller: Mr. Bill Pump & Well

Date drilling completed: 1-11-17

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>Lee Chambers</u>	Latitude: <u>30° 28' 12.38" N</u> Longitude: <u>89° 18' 13.28" W</u>
Mailing Address: <u>12492 Vidalia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u> City State Zip Code	<u>NW 1/4 NW 1/4, Sec 25 T 75 R 13 W</u>
Telephone No. <u>(228) 806-9295</u>	<u>7.1</u> Miles <u>North</u> of <u>DeLisle</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1-10-17</u> Date drilling completed: <u>1-11-17</u> Hole depth: <u>440</u> Hole diameter: <u>4x2</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input 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): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>100</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>1-13-17</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>440</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>420</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</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>420</u> feet to <u>440</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>220</u> feet

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

RECEIVED
JAN 23 2017

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Well 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 #: J425
Aquifer: _____

County: Harrison
Permit #: 0239
Driller: Mc Gill pump & well
Date completed: 0239
Copy information from block on Part 1

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>Lee chambers</u>	Latitude: <u>30° 28' 12.38" N</u> Longitude: <u>89° 18' 13.28" W</u>
Mailing Address: <u>12492 Vidalia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u> City State Zip Code	NW 1/4 NW 1/4, Sec <u>25</u> T <u>7S</u> R <u>13W</u>
Telephone No. <u>(228) 806-9295</u>	<u>7.1</u> Miles <u>North</u> of <u>De Lisle</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 1-13-17 Rated Pump Capacity: 20 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: 1 h.p. Setting Depth: 140 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 1-11-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 140 Gallons Per Minute

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

Pump Test Data for Flowing Well NA

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation NA

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.

Michael McGill #0239 1/19/17
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-2A(4/13) 2017

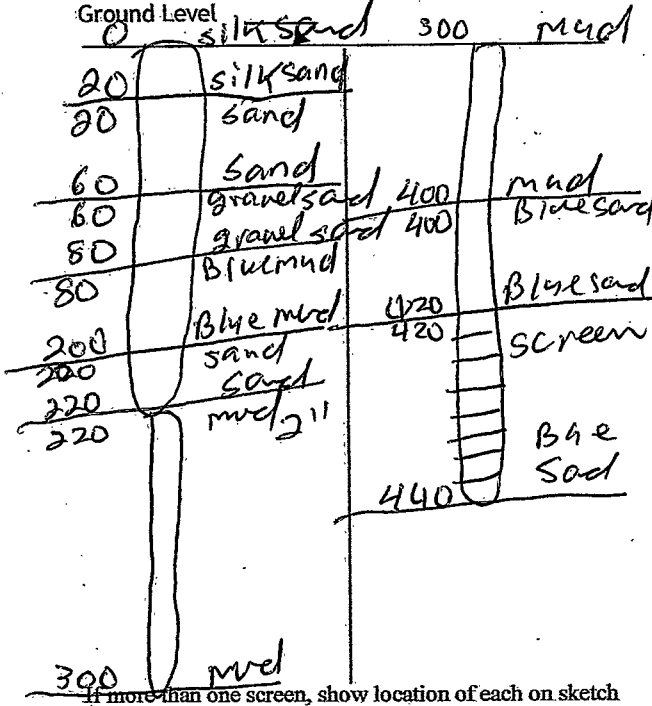
BY OLWR

County: Harrison
 Permit #: 0239

For Office Use Only:
 Well #: J425

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) Ground level	To (depth)
silk sand	0	20
sand	20	60
sand / gravel	60	80
blue mud	80	200
sand	200	220
mud	220	400
Blue sand	400	440

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

See Back page

RECEIVED
 JAN 23 2017
 BY OLWR

Landowner Name: Lee Chambers

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.

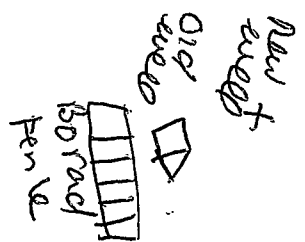
Michael Mettall Sr
 # 0239 Date 1/19/17 Signature of Licensee [Signature]

A.C. Ladner
Prop

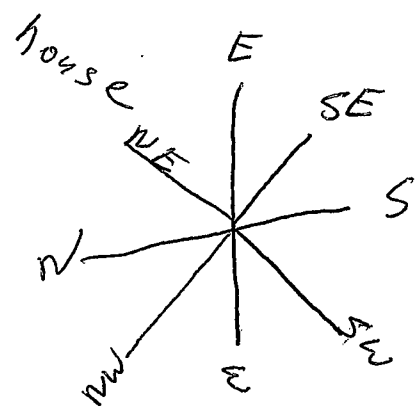
J425

Cleveland
Ladner
Prop

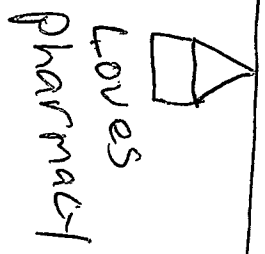
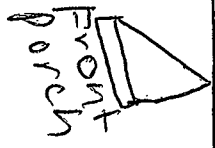
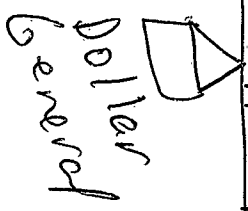
Swilley
Prop



12492
Vidalia
concrete Driveway



Vidalia Prop



icehouse needs



J.P. Ladner
Prop

Cable Bridge
Prop

RECEIVED
JAN 23 2017
BY OLWR