

6" WELL

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)

County: HARRIS
Permit #: MS-CW-17328
Driller: MIKE SCHULTZ
Date drilling completed: 7/21/17

For Office Use Only:
Well #: M976
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)
Owner Name: JMMS
Mailing Address: 100 DOLPHIN LN, GULFDAL, MS 39563
City: 228 State: Zip Code: 547-0757
Well or Borehole Location
Latitude: 30.25.13 Longitude: 89.01.11
Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4, Sec 19 T 75 R 10W
1/2 Miles EAST of GPT. (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 7/10/17 Date drilling completed: 7/21/17 Hole depth: 760' Hole diameter: 10"
Location of the source of any surface water used for drilling: CITY h2o G.P.T.
Method of dosing and volume of Chlorine used in drilling and development: 11 gals CHLORINE
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) MAKE UP h2o ADVANIOR
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): h2o FOR FISH & MARINE MAMMALS
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 47' feet [above or (below) land surface] (circle one) Date measured: 10/10/17
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 760' Well grouted to a depth of: 720' feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 730' feet Casing diameter: 6" x 3" inches Type of casing: STEEL
Screen length: 30' feet Screen diameter: 3" inches Type of screen: S/S W.D.P.
Screen slot size: DD 6 inches Setting depth: From 730' feet to 760' feet
Type of completion (circle all applicable): Gravel packed Underrreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: 315 feet

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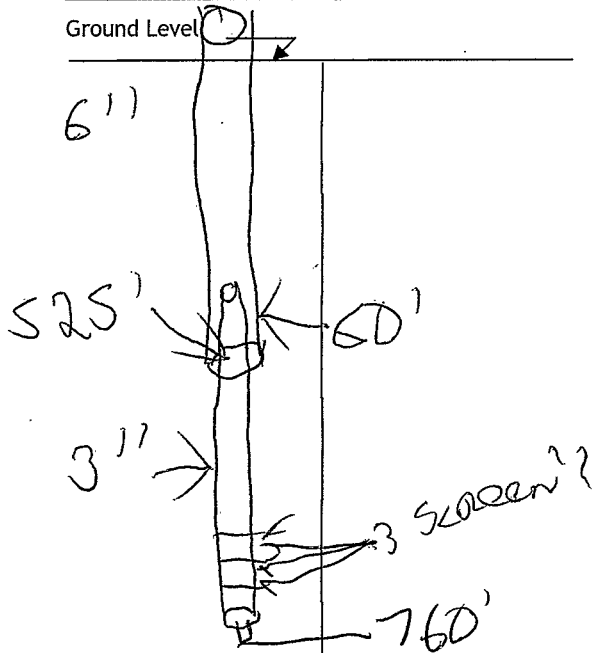
If telescoped or more than one screen, describe on next page

County: Warren
 Permit #: _____

For Office Use Only:
 Well #: M976

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

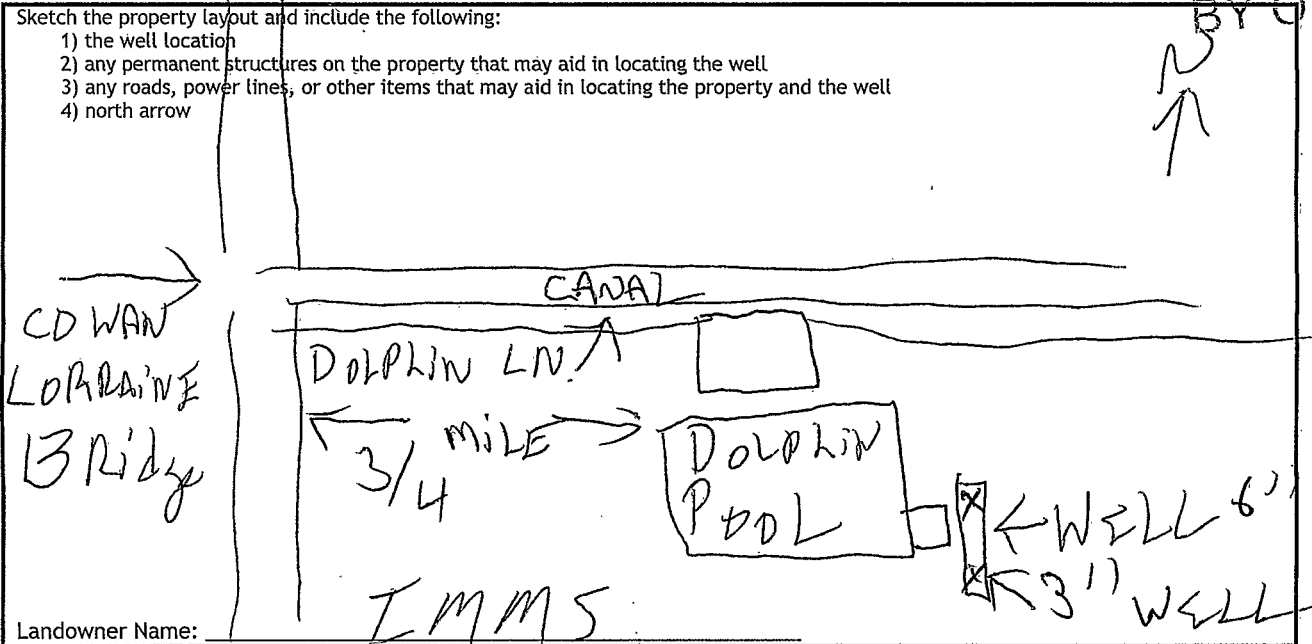
Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	80
SAND	81	130
CLAY	130	450
SAND	451	460
CLAY	461	700
SAND	701	763

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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



BY OLWR
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Landowner Name: _____

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.

MIKE W. SCHULTZ 10/27/17
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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6" WELL

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County: HARRISON
 Permit #: MS-GW-17328
 Driller: MIKE SCHULTZ
 Date completed: 10/23/17
Copy information from block on Part 1

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)

For Office Use Only:
 Well #: 1976
 BY OLWR
 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>JMMMS</u>	Latitude: <u>30.2513</u>	Longitude: <u>89.01.11</u>			
Mailing Address: <u>100 DOLPHIN LN</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____				
City: <u>GPT.</u>	State: <u>MS</u>	Zip Code: <u>39560</u>	NE 1/4 SE 1/4, Sec 19 T 75 R 10W		
Telephone No. () _____	1/2 Miles <u>E.</u> of <u>GPT</u>		(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 10/4/17 Rated Pump Capacity: 150 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: 15 Setting Depth: 147 feet Number of Stages: 12

Pump Test Data for Non Flowing Well
 Date Well Tested: 10/20/17 Duration of Pump Test (minimum 4 hours): 5 hours
 Static Water Level (A): 47 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 200 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.
MIKE SCHULTZ 0-470 10/23/17
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer