

STATE WELL REPORT

177

County: JACKSON
 Permit #: _____
 Driller: COAST WATER WELLS SVC
 Date drilling completed: 11-19-21

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 #: A 174
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>EMMA BAINS</u>	Latitude: <u>30°42' 700"</u> Longitude: <u>088°52' 691"</u>
Mailing Address: <u>Wire Road</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>30 42 42</u> <u>88 52 41.5</u>
<u>Vanceleave</u> <u>MS</u> <u>39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4, Sec 10</u> T <u>43</u> R <u>9W</u>
Telephone No. (<u>208</u>) <u>327-7476</u>	<u>6</u> Miles <u>NNW</u> of <u>LARVE</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-19-21 Date drilling completed: 11-19-21 Hole depth: 100 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: 12 feet [above or below] land surface Date measured: 11-19-21

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

Well depth: 100 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .004 inches Setting depth: From 90 feet to 100 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

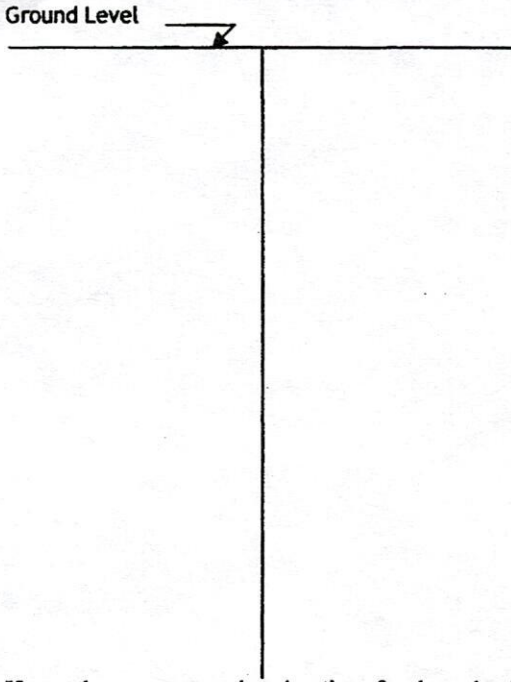
RECEIVED
 NOV 29 2021
 BY OLWR

County: JACKSON
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

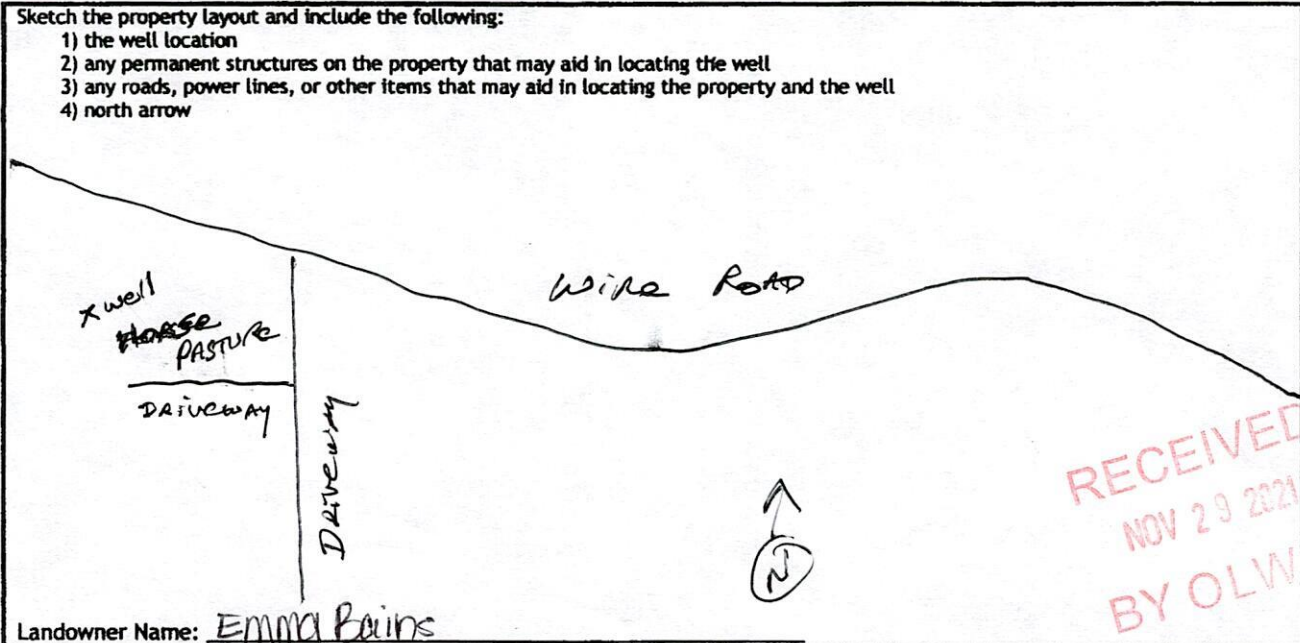
If well telescopes, show depths on sketch.



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	15
Orange Coarse sand	15	35
Orange clay	35	88
Orange Coarse sand w/pea gravel	88	100

If more than one screen, show location of each on sketch



Landowner Name: EMMA BAUNS

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 Riddell 0-472 11/23/21 J. Riddell
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: A 174
 Aquifer: _____

County: JACKSON
 Permit #: _____
 Driller: Coastwater Wells, LLC
 Date completed: 11-19-21
 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>Emma Baine</u>	Latitude: <u>30° 42' 700"</u> Longitude: <u>088° 50' 691"</u>
Mailing Address: <u>Wire Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Vanceleave Ms 39565</u>	<u>SW 1/4 SW 1/4, Sec 10 T 4S R 9W</u>
City _____ State _____ Zip Code _____	<u>6</u> Miles <u>NNW</u> of <u>Larue</u>
Telephone No. <u>(628) 327-7476</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-9-21 Rated Pump Capacity: 10 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: 20FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 12-9-21 Duration of Pump Test (minimum 4 hours): 5 1/4 hours

Static Water Level (A): 12 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: 9.4 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.

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

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: N/A RECEIVED

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ DEC 20 2021

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 Ridgell 0-472 12-9-21 _____

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer