

STATE WELL REPORT

Part I

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 #: B100
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: COAST WATER WELLS SRV.
Date drilling completed: 7-29-13

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>Buddy Gunn</u>	Latitude: <u>30°43'51.90"</u> Longitude: <u>088°42'43.80"</u>
Mailing Address: <u>Hwy 57</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vandleave, ms 39565</u>	USGS quad _____, NE $\frac{1}{4}$ <u>NE-NW</u> $\frac{1}{4}$, Sec <u>5</u> \checkmark T <u>45</u> \checkmark R <u>7W</u>
City _____ State _____ Zip Code _____	<u>14</u> Miles <u>NORTH</u> of <u>Vandleave</u>
Telephone No. <u>228) 669-5566</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-29-13</u> Date drilling completed: <u>7-29-13</u> Hole depth: <u>307 FT</u> Hole diameter: <u>2</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal. per 1000 drilling - 2 gal. in well</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 Other: _____
Name of organization running log(s): _____
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): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): <u>Camp</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>15</u> feet (above or <input checked="" type="checkbox"/> below) land surface Date measured: <u>7-29-13</u>
Method of measurement (circle one): Steel tape Electric tape <input checked="" type="checkbox"/> Air line Other (describe): _____
Well depth: <u>307 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>292</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>15</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>292</u> feet to <u>307</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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

RECEIVED

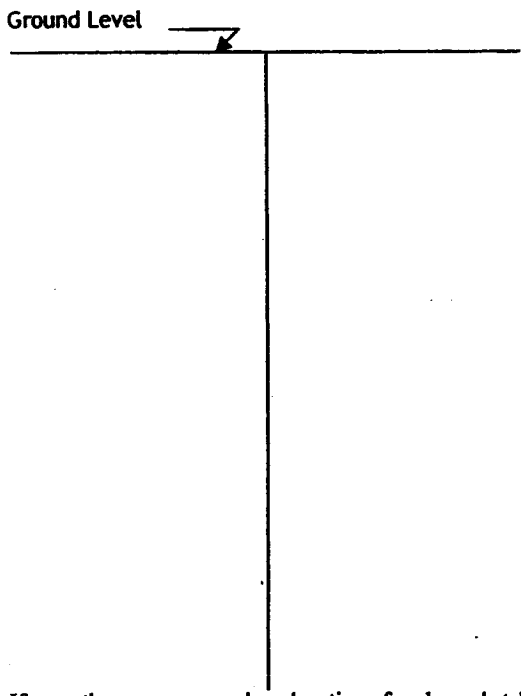
2013 7 22 2013
Form: OLWR-SWR-1A (4/13)
BY: OLWR

County: JACKSON
 Permit #: _____

For Office Use Only:
 Well #: B100

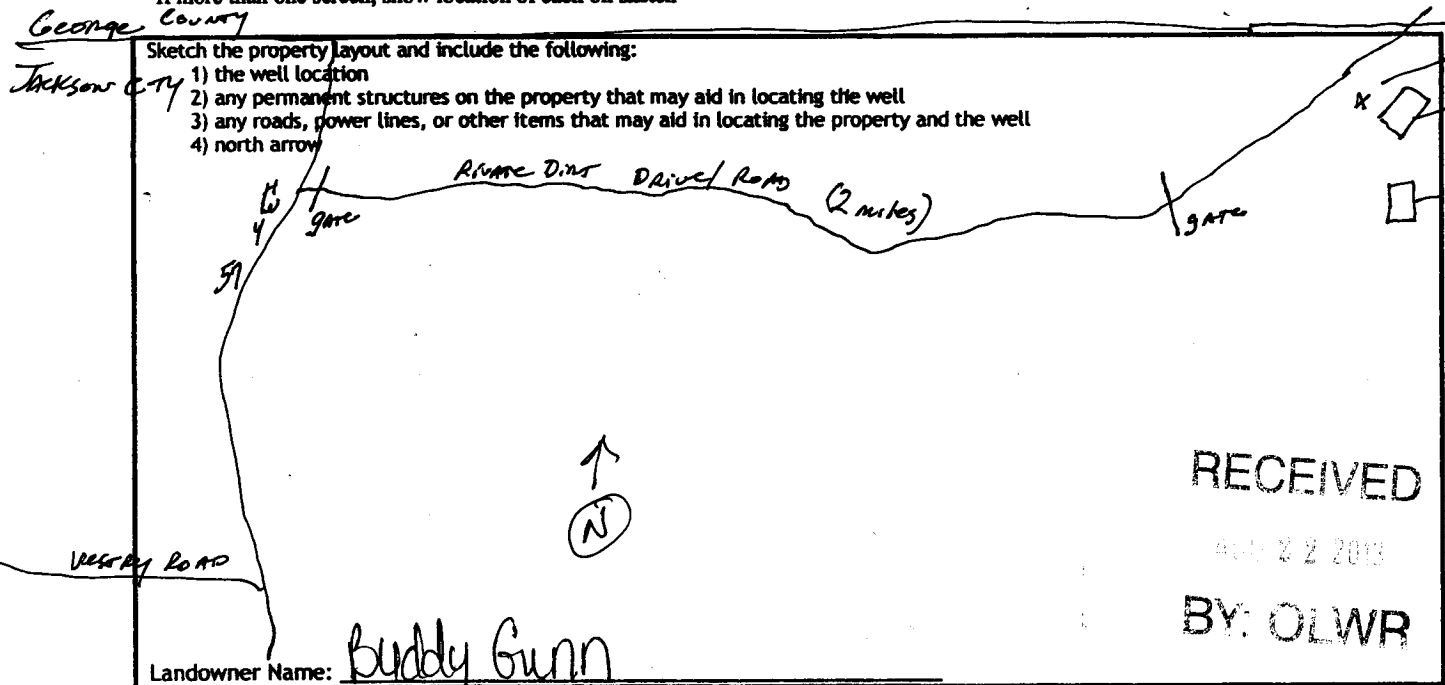
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
TOPSOIL	Ground level	3
Orange Clay	3	10
Orange Coarse sand	10	21
Orange clay	21	32
Orange coarse sand	32	47
Orange clay	47	95
Blue Clay	95	287
Gray Coarse Sand	287	307

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



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 APR 22 2013
 BY: OLWR

Landowner Name: Buddy Gunn

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 7/29/13 Jack 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)

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date completed: 7-29-13
Copy information from block on Part 1

For Office Use Only:
Well #: Biod
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>Buddy Gunn</u>	Latitude: <u>30° 43' 51.90"</u> Longitude: <u>088° 42' 43.80"</u>
Mailing Address: <u>HWY 57</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u>	USGS quad _____, NE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$, Sec. <u>5</u> T. <u>45</u> R. <u>7W</u>
City _____ State _____ Zip Code _____	<u>14</u> Miles <u>NORTH</u> of <u>Vanceleave</u>
Telephone No. <u>(228) 669-5566</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 7-31-13 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement Existing

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 HP Setting Depth: 40 FT. DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 7-31-13 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 15 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: 10 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: RECEIVED
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x 1001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: [Signature]
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 0-472 7/31/13 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer