

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: Jackson
Permit #: _____
Driller: Coast Water Well Svc.
Date drilling completed: 5-16-18

For Office Use Only:

Well #: D437
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: <u>Charles Fuqua / Four Seasons Lawn Care</u> Mailing Address: <u>Hwy. 613</u> <u>Lucedale</u> <u>MS</u> <u>39452</u> City State Zip Code Telephone No. <u>(228) 355-0373</u>		Well or Borehole Location Latitude: <u>30°43'48.66"</u> Longitude: <u>088°30'38.04"</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad <u>SW 1/4 NW 1/4 Sec 5 T 45 R 5W</u> <u>5 1/4</u> Miles <u>North</u> of <u>Hurley</u> (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data Date drilling started: <u>5-14-16</u> Date drilling completed: <u>5-16-18</u> Hole depth: <u>348 FT</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>1 gal Per 1000 Drilling 1 gal in Well</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): <u>PLANT Nursery</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet [above or <u>below</u> land surface (circle one)] Date measured: <u>5-16-18</u> Method of measurement (circle one): Steel tape Electric tape <u>Air line</u> Other (describe): _____ Well depth: <u>348 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>328</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>0.06 + .008</u> inches Setting depth: From <u>328</u> feet to <u>348'</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

[illegible]

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

Hu Shand Homestead Rd

sheep \square well

LANDSCAPE
NURSERY 30+ Acres

RECEIVED
JUN 05 2018
BY OLWR

Hwy 613

21

Landowner Name: Charles Fuqua

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.

Tack Ridgell 0-472

5-16-18
Date

Signature of Licensee _____

Form: OLWR-SWR-1A (4/13)

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 Wells LLC
Date completed: 5-16-18
Copy information from block on Part 1

For Office Use Only:

Well #: D437
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>Charles Fugua / Four Seasons Lawn Care</u>		Latitude: <u>30° 43' 48.66"</u>	Longitude: <u>088° 30' 38.04"</u>
Mailing Address: <u>Hwy 613</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
<u>Lucedale, Ms 39452</u>		<u>SW 1/4 NW 1/4, Sec 5 T 4S R 5W</u>	
City: _____ State: _____ Zip Code: _____		<u>5 1/4</u> Miles <u>N 45° W</u> of <u>Hurley</u>	
Telephone No. <u>(228) 355-0373</u>		(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)
☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____

Date Pump Installed: 5-22-18 Rated Pump Capacity: 65 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: 5 HP Setting Depth: 180 FT feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 5-22-18 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 80 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: 60 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: _____

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.

Jack Kidgell 0-472 5/31/18 [Signature]

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