	STATE '	WELL REPORT				
county: Jackson	Part 1		For Office Use Only:			
Permit #:	Driller's Log		Well #: <u>£234</u>			
Driller: Coast Water Wellsk.	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
	P.O. Box 2309		E-Log #:			
Date drilling completed: $8-3-18$		on, MS 39225-2309 601)961-5210				
	•	1)360-0535 (fax)				
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		Well or Borehole Location				
(Landowner if borehole is not for a water well)		Latitude: 30° 35′ 40, 62° Longitude: 088° 44′ 22.68′ L				
· · · · · · · · · · · · · · · · · · ·	Owner Name: Sherry Hill Mailing Address: Indian Lawe		Method of Lat/Long (check one): Conventional Survey,			
Maiting Address.		USGS guad, Hand-held G	PS, Survey-grade GPS			
Vancleave, Ms 3	9565	50 45E 4, Sec_	PS_V, Survey-grade GPS			
City State	Zip Code	5 Miles NW	1 Vaclesue			
Telephone No. (200) 860-01	39	(Distance) (Direction)	(Nearest Town)			
	Well / F	orehole Data				
Date drilling started: 8-3-18 Date			FT _{Hole diameter: 2"}			
Location of the source of any surface	water used for drill	ng:	marilling 20al in the 1211			
Method of dosing and volume of Chlor	ine used in drilling a	and development: 64 PT	WDI TITING AGAI IN WEI			
Logs run (circle all applicable): No log			on Other:			
Name of organization running log(s):						
Purpose of borehole (circle one) Water	r Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump			
Seismic Survey Other (describe)						
If drilling is not re	lated to water well o	construction, skip the remainde	r of this block RECEIV			
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture AUG 15 2			
Other (describe):						
If a flowing well, method of flow regu			BYPL			
Static Water Level:fed	et [above or below (circle one)	w]land surface Date measure	ed: 8-3-18			
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):						
	Well depth: 15 FWell grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
	Casing diameter:		casing: $\frac{\rho Vc}{QVc}$			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC						
Screen slot size: • 006 inche			tofeet			
Type of completion (circle all applicable): Gravel packed Underreamed Open hole (Natural Development)						

_feet

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

Other (describe):_

Top of lap pipe or reduction in casing:

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

	20		For	Office Use	Only:
County: COCKSC	j		1	E234	
rennic #.			wear.		
The sketch below only red	nuired for water wells	Description of formations en and boreholes, unless specifi	icountered n ically exemp	nust be provide ited by regulation	<u>d for all wells</u> ons
If well telescopes, show de	epths on sketch.	Description of Formations Enco		From (depth)	To (depth)
Ground Level		TOPSOIL		Ground level	3
		Grange Clay	500	20	30
		Crange Clay		40	70
		Brown coarse	sand	90	115
	• •				
		1			-
ļ			·		
	•				
If more than one screen, sho	w location of each on sketch		•		
Sketch the property layout an 1) the well location	nd include the following:			·	
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2) any permanent structs 3) any roads, power lines 4) north arrow Landowner Name:	well X Thomas well X Make Home	CAMP 3 PB	and pale	they 57	Ro
2) any permanent structs 3) any roads, power lines 4) north arrow Landowner Name: SA	well / Hill e well/borehole was drilled, ssippi Department of Environ	n locating the property and the we	n accordance	te with all appl	Relicable
2) any permanent structs 3) any roads, power lines 4) north arrow Landowner Name:	well/borehole was drilled, ssippi Department of Environws.	CAMP 3 PARTY CAMP	n accordancippi Depart	te with all applement of Health	Relicable
2) any permanent structs 3) any roads, power lines 4) north arrow Landowner Name: Shall the requirements of the Missis if applicable, and state lated the state of the state	well / Hill e well/borehole was drilled, ssippi Department of Environ	CAMP 3 PA	n accordancippi Depart	te with all appl	Relicable

STATE WELL REPORT

Print Name of Pump Installer and License No. (If applicable)

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For C	Office Use Only:	
Well #:	E234	
Aquifer:		

. (00.)	, 555 5555 (120,)				
	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	· Well Location				
Owner Name: Sherry Hill	Latitude: 30°35'40.62" Longitude: 088°44'22.68"				
Mailing Address: <u>Indian Lane</u>	Method of Lat/Long (check one): Conventional Survey,				
Vancleave, MS 39565 City State Zip Code Telephone No. (208) 860-0139	USGS quad, Hand-held GPS, Survey-grade GPS, SW NW SE 4, Sec 44 T 5S R 8 W 5 Miles NW of Vancleave (Distance) (Direction) (Nearest Town)				
Pump Typ	pe (circle one)				
1 4/4:114	Jet Piston Rotary Other (describe):				
Date Pump Installed: 8/20/18	Rated Pump Capacity:	•			
Is This Pump (circle one): New Repaired Replacemen					
Power Tyl	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win	A				
Horse Power Rating of Motor: 147 Setting Dept	th: COFT DP_feet Number of Stages:				
, Pump Test Data	for Non Flowing Well				
Date Well Tested: 8 20 18	Duration of Pump Test (minimum 4 hours):hours				
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): M/A Feet Below Land Surface	VED			
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 8.0 Gallons Per Minute 3 2018					
Method of measurement (circle one): Steel tape Electric ta	ape Air line Other (describe):				
Pump Test Date	ta for Flowing Well BY OL	WR			
Measured shut in head:feet.	/A-	٠.			
Well yieldedGPM with a drawdown of	feet afterhours 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	l x 1000, etc):				
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replaceme	ent				
Important: By submitting the above information you are confirmation. For agricultural wells, a list of ap	ertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to th	ne best of my knowledge.				
	1100				

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Date

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