

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)

For Office Use Only:

Well #: F504
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc
Date drilling completed: 6-23-15

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>Chance Adams</u>	Latitude: <u>30° 34' 58.86"</u> Longitude: <u>088° 42' 39.24"</u>
Mailing Address: <u>Scott Pine Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vancleave, MS 39565</u>	USGS quad _____, Sec <u>29</u> T <u>55</u> R <u>7W</u>
City: _____ State: _____ Zip Code: _____	<u>4</u> Miles <u>NNE</u> of <u>Vancleave</u>
Telephone No. <u>228 860-0215</u>	(Distance) (Direction) (Nearest Town)

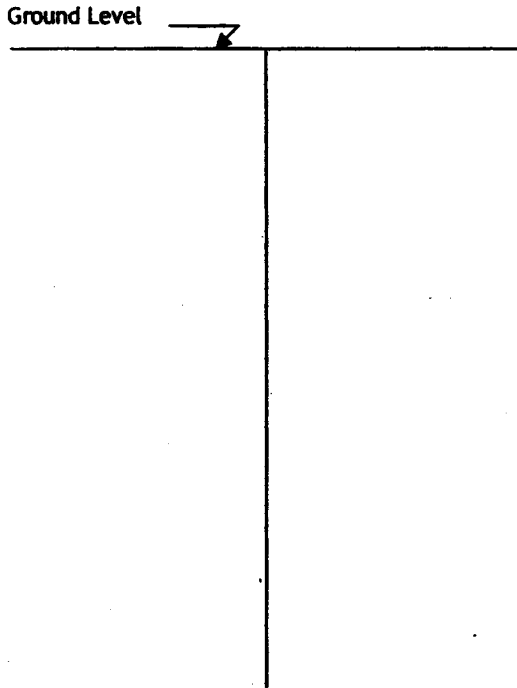
Well / Borehole Data
Date drilling started: <u>6/23/15</u> Date drilling completed: <u>6/23/15</u> Hole depth: <u>264 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal per 1000 Drilling 2 gal in Well</u>
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>75</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>6-23-15</u>
Method of measurement (circle one): Steel tape <input type="radio"/> Electric tape <input type="radio"/> <input checked="" type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>264 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="radio"/> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>249</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>249</u> feet to <u>264</u> feet
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input checked="" type="radio"/> 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>

County: Jackson
 Permit #: _____

For Office Use Only:
 Well #: F 504

The sketch below only required for water wells

If well telescopes, show depths on sketch.

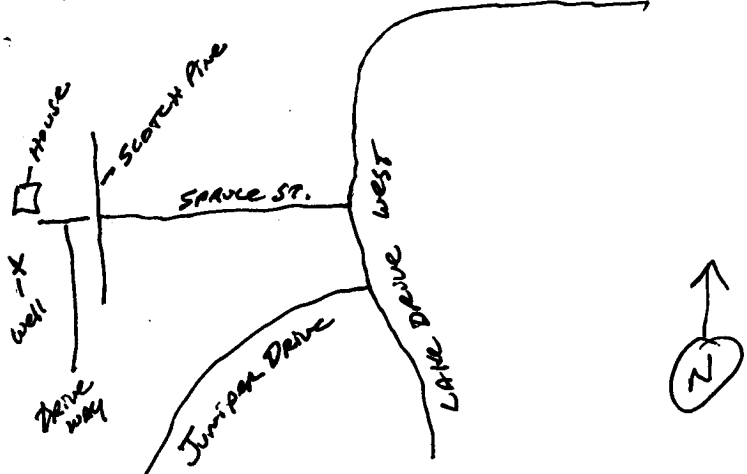


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
orange Clay	2	35
blue Clay	35	80
orange, coarse sand	80	95
blue Clay	95	216
Gray medium to coarse sand	216	264

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



Landowner Name: Chance Adams

RECEIVED
 BY: OLW

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 6/24/15 Jane 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 Wells VC
Date completed: 6-23-15
Copy information from block on Part 1

For Office Use Only:
Well #: F504
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>Chance Adams</u>	Latitude: <u>30°34'58.86"</u> Longitude: <u>088°42'39.24"</u>
Mailing Address: <u>Scotch Pine Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanderveer, MS 39565</u>	USGS quad _____, <u>SE 1/4 NE 1/4, Sec 29 T.5S R.7W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>NNE</u> of <u>Vanderveer</u>
Telephone No. <u>(601) 860-0215</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet _____ Piston Rotary Other (describe): _____
Date Pump Installed: 6/24/15 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: 2HP Setting Depth: 100 FT DP feet Number of Stages: 3

Pump Test Data for Non Flowing Well
Date Well Tested: 6/24/15 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 75 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. N/A
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ N/A 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 Ridgell 0472 6/24/15 James Ridgell
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

BY OLWR