

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 #: F531
Aquifer:
E-Log #:

County: Jackson
Permit #:
Driller: Coast Water Well Serv.
Date drilling completed: 9-29-16

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: Hiers Construction
Mailing Address: 18199 Bourge Lane
Vanceleave, MS 39565
Telephone No. (601) 392-8342
Well or Borehole Location
Latitude: 30° 36' 21.42" Longitude: 088° 43' 43.38"
Method of Lat/Long (check one): Conventional Survey
USGS quad SW 1/4 SW 1/4, Sec 18 T 5S R 7W
5 1/2 Miles NW of Vanceleave

Well / Borehole Data
Date drilling started: 9-29-16 Date drilling completed: 9-29-16 Hole depth: 135 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
Name of organization running log(s):
Purpose of borehole (circle one): Water Well
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: 35 feet [above or below] land surface Date measured: 9-29-16
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe)
Well depth: 135 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 125 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 125 feet to 135 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

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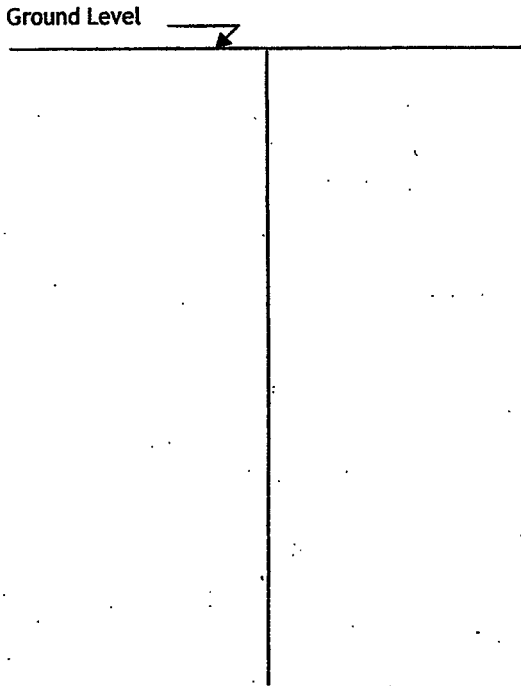
BY OLWR

County: JACKSON
Permit #: _____

For Office Use Only:
Well #: F531

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

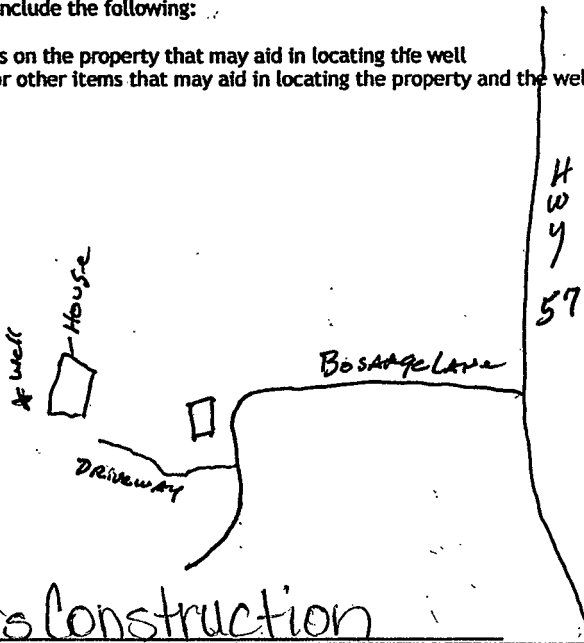
Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
orange clay	2	30
Orange coarse sand	30	50
Orange clay	50	100
Orange coarse sand	100	135

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



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Landowner Name: Hiers Construction

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 10/4/16
Print Name of Responsible Licensee and License No. Date

John Riddell
Signature of Licensee

STATE WELL REPORT

Part 2

County: JACKSON
 Permit #: _____
 Driller: CASH WATER WELLS INC
 Date completed: 9-29-16
Copy information from block on Part 1

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 #: F531
 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>Hiers Construction</u>	Latitude: <u>30°36'21.42"</u> Longitude: <u>088°43'43.38"</u>
Mailing Address: <u>18199 Bosarge Lane</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vancleave, Ms 39565</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 18 T.5S R.7W</u>
Telephone No. <u>601-392-8342</u>	<u>5 1/2</u> Miles <u>N.W.</u> of <u>Vancleave</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-18-16 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: COFTDP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 10-18-16 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 35 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: _____ Meter Serial Number: N/A

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 Riddell 0-472 10/18/16 Jack Riddell
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 Form: OLWR-SWR-1B (4/13)
OCT 27 2016
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