/	
0	4

county: JOCKSON
Permit #:
Date drilling completed: 1-17-19

### 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 #: 059F5169
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	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 30°34140.5a" ongitude: 088°41′40.36"	
Owner Name: COCS II CNCCS CS	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address: 16301 Lake Drive EAST		
<del>-</del>	USGS quad, Hand-held GPS, Survey-grade GPS	
Vancleave, Ms 39565	80 4 5W 4, Sec 28 T 55 R 7 W	
City State Zip Code	3 Miles NORTH of VANchague	
Telephone No. (2018) 239-6200	(Distance) (Direction) (Nearest Town)	
Well / Borehole Data  Date drilling started: 1-17-19 Date drilling completed: 1-17-19 Hole depth: 26-7 FT Hole diameter: 2"		
Location of the source of any surface water used for drilling	ng: NA	
Method of dosing and volume of Chlorine used in drilling a	and development: galfer 1000 Drilling again well	
Logs run (circle all applicable) No log run Electric Gami	ma Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other	(describe)	
If drilling is not related to water well o	construction, skip the remainder of this block	
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture		
Other (describe):		
	Other (describe)	
Static Water Level: 5 feet [above or below (circle one)	v) land surface Date measured: 1-17-19	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
Well depth: Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 050 feet Casing diameter:inches Type of casing:		
Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC		
Screen slot size:		
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet		
If telescoped or more than one screen, describe on next page Form: OLWR-SWR-1A (4/13)		
	FOITH: ULWK-3WK-1A (4/13)	

County: JACKSO		For Office Use Only:	
Permit #:		Well #: F569	
The sketch below only re	quired for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations	
If well telescopes, show d	epths on sketch.		
Ground Level		Description of Formations Encountered From (depth) To (depth)  To O So I Ground level	
		Orange Coarse Sand wistr. of Sand 2 30	
		Drange Coarse Sand 30 70	
i		Orange Clay 70 90 Blue Clay 90 216	
		Gray Coarse Sand 216 267	
•			
·	*		
			•
	,		
	\		
	. <i>\alpha</i>	<u> </u>	
If more than one screen, sho	w location of each on sketch	2	
Sketch the property layout ar	nd include the following:	(8	-0
1) the well location	ures on the property that may al	aid in locating the well in locating the property and the well	The state of the s
3) any roads, power line 4) north arrow	s, or other items that may aid in	in locating the property and the well	433
4) North allow			e de la company
÷.		The state of the s	W.K.
	(	St Prince	in the second
		( ) [ ]	
		LAKE-O-	
40/	and the	Dives 1	
Juniped Di	/	Pives Pives Well	
Ju		House (1)	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		and medical	
Δ1 :	is McNeese		
Landowner Name: Uni	15 Melvecs		
I requirements of the Missi	ssippi Department of Environ	, constructed, and completed in accordance with all applicable nmental Quality and the Mississippi Department of Health regulations,	
if applicable, and state la	iws.	$1/\sqrt{n}$	
JackKidgde	0-472	Date Signature of Ligensee	
Print Name of Responsible	e Licensee and License No.	Date Signature of Ligensee 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)

For Office Use Only:	•
Well #: 051F569	
Aquifer:	

(601)	360-0535 (fax)	
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 D	epartment at the above address within 30 days of well completion.	
Well Owner Information	· Well Location	
Owner Name: Chris Mt Neese	Latitude: <u>30°34′40,56″</u> Longitude: <u>1088°41′42,36″</u>	
Mailing Address: [LE30   Lake Drive East	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS/, Survey-grade GPS	
Vancleave, Ms 39565 City State Zip Code	500 1 N Seo 14, Sec 28 T 55 R 70	
City State Zip Code	3 w Abore 1/2 1 1.0	
Telephone No. (208) 239-6200	(Distance) Nonatt of Vancture (Nearest Town)	
Pump Typ	e (circle one)	
	Jet Piston Rotary Other (describe):	
Date Pump Installed: $1-18- c $	ated Pump Capacity:	
Is This Pump (circle one): New Repaired Replacemen		
Power Typ	e (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wind		
Horse Power Rating of Motor: 2 H→ Setting Depti	n: OOFTDP feet Number of Stages: 3	
Pump Test Data f	or Non Flowing Well	
Pump Test Data for Non Flowing Well  Date Well Tested: 1-16-19 Duration of Pump Test (minimum 4 hours): 4 hours		
	Pumping Water Level (B): N/A Feet Below Land Surface	
Drawdown [(B) - (A)]: NA Feet Below Land Surfa	ace Test Pumping Rate:/2 Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric ta		
Pump Test Dat	a for Flowing Well	
Measured shut in head:feet.	MA FEET OF THE PERSON OF THE P	
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 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.		
7 1011110		

Tock Ridgell 0-472
Print Name of Pump Installer and License No. (if applicable)

1/18/19 Date

Signature of Purp Installer

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