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Well or Borehole Location

county: Jackson
Permit #:
Driller Oast Water Well SVC
Date drilling completed: 5-15-20

Well Owner Information

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 Off	fice Use Only:
Well #:	603
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.

(Landowner if borehole is not for a water well) Owner Name: Brian Lucido Mailing Address: Plantation Bood Willave MS 39565 City State Zip Code Telephone No. (985) 705-2585	Latitude: 088° 40′ 58 62" Method of Lat/Long (check one): Conventional Survey
Well / R	orehole Data
Date drilling started: 5-15-20 Date drilling completed: Location of the source of any surface water used for drilling Method of dosing and volume of Chlorine used in drilling a	5-15-20 Hole depth: 135 FT Hole diameter: 2"
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) Geotechn	ical/Geological Investigation Ground Source Heat Pump
	(describe)
	construction, skip the remainder of this block EIVED
Purpose of Well (circle all applicable): Home Industrial	
Other (describe):	:AID
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 45 feet [above or below (circle one)	williand surface Date measured:
Method of measurement (circle one): Steel tape Electric	tape (Air line) Other (describe):
Well depth: 135 F Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>[a5</u> feet Casing diameter:	inches Type of casing: PVC
Screen length:	2inches Type of screen:PVC
Screen slot size:inches	n: From
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: NA feet	
If telescoped or more than	one screen, describe on next page Form: OI WR-SWR-1A (4/1)

County:			Office Use	
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations enc and boreholes, unless specific	ountered n ally exemp	nust be provided ted by regulatio	l for all well ns
	Description of Formations Encou	ntered	From (depth)	To (depth)
Ground Level	TOO SOIL		Ground level	
	range Clay	,		15
[: 1447 - 1511] : [151 : 125 : Lin : 1.1 : 1.	orange coarse san		15	38
마르크 :	Grange Clay		38	115
	Grange Coarse Sand w	Heas)	ME	135
나라 하는 그 사용하게 함께 느껴진 시간을 관했다.		13		
		_		
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	·		77.76.110	
				100
				VEU
f more than one screen, show location of each on sketch			DECE	4
setch the property layout and include the following:		-	11000	7020
1) the well location			JUN D.	, ,,,
2) any permanent structures on the property that may	aid in locating the well		JUN 0:	INR
3) any roads, power lines, or other items that may aid	I in locating the property and the well		2V 0	LAA.
4) north arrow			10	
			1'	
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\mathcal{R}	HUMATION ROLD			
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mosi sidom	2			
1 4			\	
X.	Drive 5			14 51
wert			1-	Horl
			1	Huy 57
Arian Lucido			100	
andowner Name: Brian Lucido				
	d constructed and completed in	accordance	e with all appl	icable
HEREBY CERTIFY that the well/borehole was drille	a, constructed, and completed in		ment of Health	regulation
HEREBY CERTIFY that the well/borehole was drille equirements of the Mississippi Department of Envir	onmental Quality and the Mississi	ppi Depart	ment of ficator	regulation
HEREBY CERTIFY that the well/borehole was drille equirements of the Mississippi Department of Envir f applicable, and state laws.	ronmental Quality and the Mississi	ppi Depart	11 11	·
equirements of the Mississippi Department of Envir	ronmental Quality and the Mississi	ppi Depart	Redde	·
equirements of the Mississippi Department of Envir	5/19/20	Aew	Refigue re of Licensee	

STATE WELL REPORT

County: Jackson Permit #: Driller: COST Water Well S.V. Date completed: 5-15-20 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2009

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

For (Offic	e Us	e Only	/:
Well #:	F	60	3	_
Aquifer:			7	_

of the report must be attached and both parts filed with the . Well Owner Information	· Well Location
	Latitude: 30°34'14.50" Longitude: 088" 40' 58.60"
Owner Name: Brian Lucido Plantation Cond	
Mailing Address: Plantation Road	Method of Lat/Long (check one): Conventional Survey,
1400 de Ma 2001T	USGS quad Hand-held GPS V, Survey-grade GPS
Vancleave MS 39565 City State Zip Code	SWN4 NW4, Sec 31 T 58 R 7W
Telephone No. 985 705-2585	(Distance) (Direction) of Vancleave (Nearest Town)
	ype (circle one)
	Jet Piston Rotary Other (describe):
그녀가 보고 있었다면 하는 아이들이 살아보고 있다면 하는 것이다. 그 이 아이를 가고 있다면 하는 것이 없는 사람들이 되었다면 하는데	
	Rated Pump Capacity:
Is This Pump (circle one): New Repaired Replaceme	
	ype (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Wi	
Horse Power Rating of Motor: 1 H Setting Dep	pth: <u>GUFT DP</u> feet Number of Stages: <u>L</u>
현실 경기 등에 가는 이번 경기를 가는 것이 없어요. 그런 그는 것이 되는 것이 없는 것이다. 그런 것이 없는 것이 없는 것이 없는 것이다. 그런 것이 없는 것이 없는 것이다. 그런 것이다. 그	Duration of Pump Test (minimum 4 hours): 4/2 hours Pumping Water Level (B): NA Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Su	rrface Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
Method of measurement (circle one): Steel tape Electric Pump Test D	rrface Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet.	tape Air line Other (describe): State Air line Other (describe): State Flowing Well RECEI
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of	reface Test Pumping Rate: S Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI Feet after hours of pumping JUL 0 6
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter	race Test Pumping Rate: S Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI Feet after hours of pumping JUL 0 6
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Meter Manufacturer:	rface Test Pumping Rate: S Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI Feet after hours of pumping JUL 0 6 r Installation NAMeter Serial Number:
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Meter Manufacturer:	rface Test Pumping Rate: S Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI Feet after hours of pumping JUL 0 6 r Installation NAMeter Serial Number:
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Manufacturer: Meter Model Number/Name:	rface Test Pumping Rate: Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI NA
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, g	rface Test Pumping Rate: Gallons Per Minute tape Air line Other (describe): Pata for Flowing Well RECEI NA
Method of measurement (circle one): Steel tape Electric Pump Test D Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, g	reface Test Pumping Rate: S Gallons Per Minute tape Air line Other (describe): Plata for Flowing Well RECE Nours of pumping JUL 0 6 r Installation Noteter Serial Number: Type of Meter: gal x 1000, etc):

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

6-19-20 Date

Signature of Pump Installer

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