

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)

County: Jackson
Permit #: _____
Driller: Coast Water Wells, Inc
Date drilling completed: 7-28-16

For Office Use Only:
Well #: JL018
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Danny McDonald</u>	Latitude: <u>30°30'16.26"</u> Longitude: <u>088°43'37.62"</u>
Mailing Address: <u>11129 Pinewood Hills Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vandœuvre, MS 39565</u>	<u>SW 1/4 SW 1/4, Sec 19 T 65 R 7w</u>
City State Zip Code	<u>2 1/2</u> Miles <u>SW</u> of <u>Vandœuvre</u>
Telephone No. <u>601 441-1648</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-27-16 Date drilling completed: 7-28-16 Hole depth: 375 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 Electric Gamma 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 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: 90 feet [above or below] land surface Date measured: 11-28-16
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 375 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 360 feet to 375 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

Received

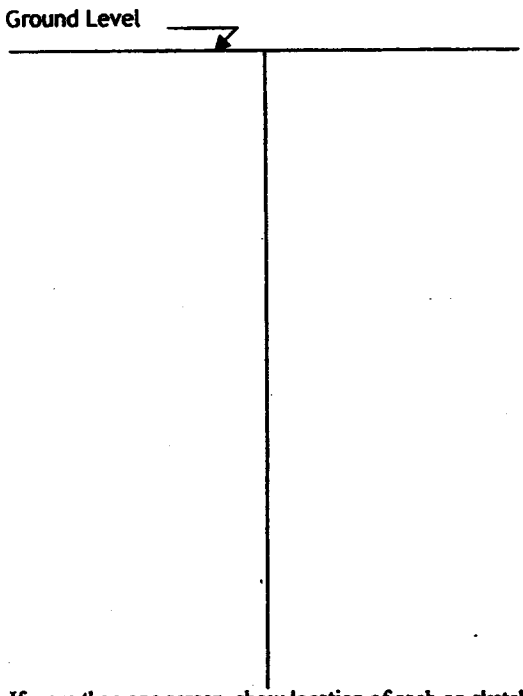
AUG 04 2016

Form: OLWR-SWP-1A (4/13)
By OLWR

County: Jackson
Permit #: _____

For Office Use Only:
Well #: 5618

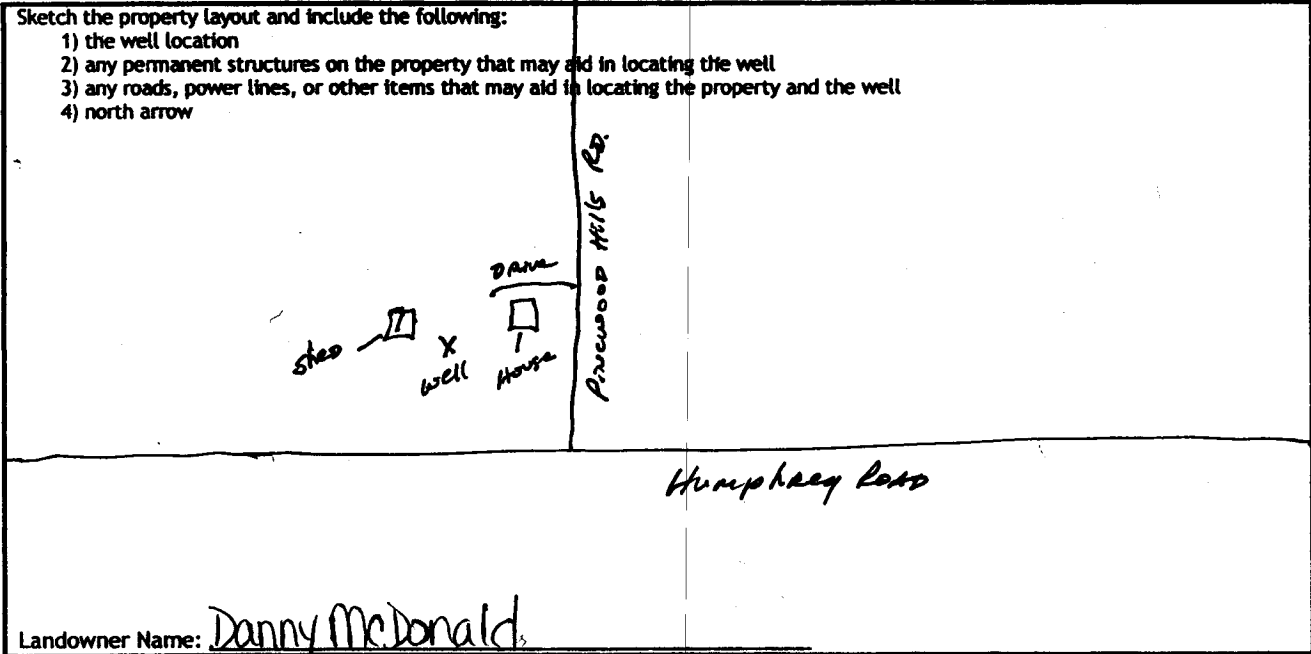
The sketch below only required for water wells
If well telescopes, show depths on sketch.



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 + Blue Clay	2	90
Brown coarse sand	90	190
blue clay	190	330
Gray coarse sand	330	375

If more than one screen, show location of each on sketch



Landowner Name: Danny McDonald

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 Ridodell 0-472 7/28/16
Print Name of Responsible Licensee and License No. Date

Jack Ridodell
Signature of Licensee AUG 04 2016
Form: OLWR-SWR-1A (4/13)

By OLWR

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: West Water Well Svc
Date completed: 7-29-16
Copy information from block on Part 1

For Office Use Only:
Well #: 5018
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>Danny McDonald</u>	Latitude: <u>30° 36' 16.26"</u> Longitude: <u>088° 43' 37.62"</u>
Mailing Address: <u>11127 Pinewood Hills Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanderveer, MS 39565</u>	<u>SW 1/4 SW 1/4, Sec 19 T 65 R 7w</u>
City _____ State _____ Zip Code _____	<u>2 1/2</u> Miles <u>SW</u> of <u>Vanderveer</u>
Telephone No. <u>(601) 441-1642</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 7/29/16 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: 2HP Setting Depth: 110 FT DP feet Number of Stages: 3

Pump Test Data for Non Flowing Well
Date Well Tested: 7/29/16 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 90 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.
Well yielded _____ GPM with a drawdown of N/A feet after _____ hours 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.
Jack Riddell 0-472 8/1/16
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received
AUG 04 2016

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

By OLWR