

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 #: 5680
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well svc.
Date drilling completed: 9-9-19

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.

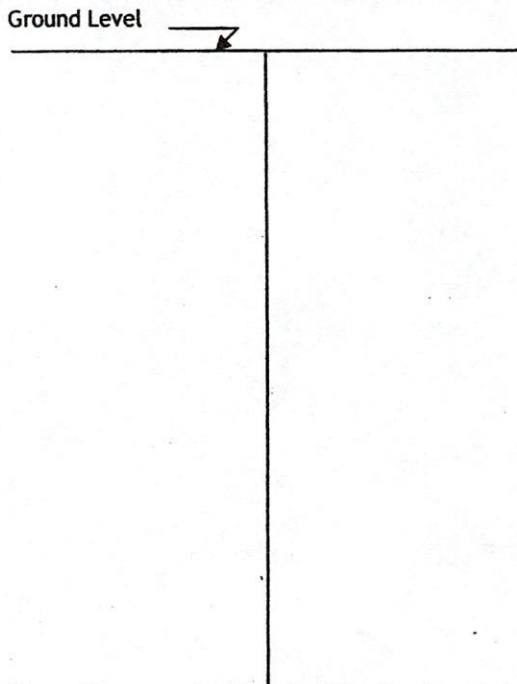
Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Angela Seals</u>	Latitude: <u>30.8320089</u> Longitude: <u>88.835111</u> <i>best estimate from aerial</i>
Mailing Address: <u>13596 Prince Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vanceave, Ms 39565</u>	USGS quad <input checked="" type="checkbox"/> , Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4, Sec 12 T 65 R 9w</u>
Telephone No. <u>288 282-5260</u>	<u>3</u> Miles <u>NE</u> of <u>Lattimer</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>9-9-19</u>	Date drilling completed: <u>9-9-19</u> Hole depth: <u>287 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="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey 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="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet [above or below] land surface Date measured: <u>9-9-16</u> <small>(circle one)</small>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line Other (describe): _____	
Well depth: <u>287 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>277</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.004</u> inches Setting depth: From <u>277</u> feet to <u>287</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> 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 #: J 680

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



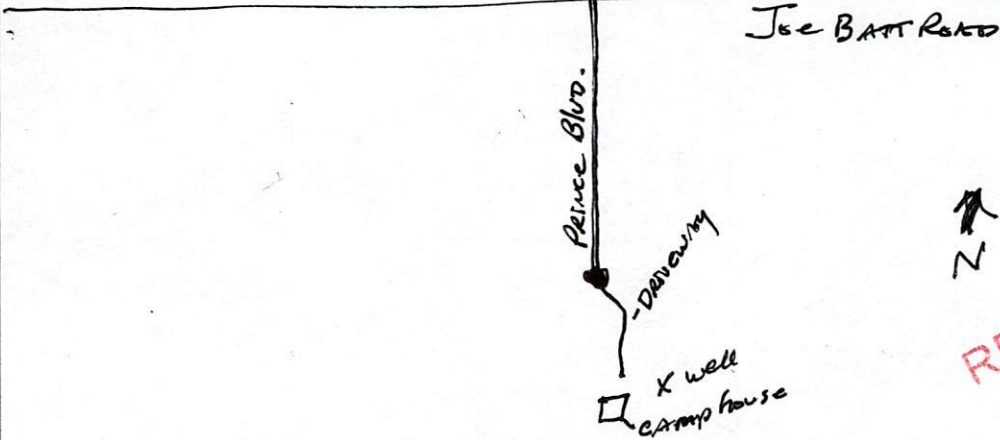
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Orange Clay	2	48
Gray coarse sand	48	88
Blue Clay	88	260
Gray medium sand	260	287

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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 OCT 11 2019
 BY OLWR

Landowner Name: Angela seals

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 Ridgell 0-472 9/16/19
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee