

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 #: J 684
Aquifer: _____
E-Log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Wells
Date drilling completed: 11-29-19

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>Gulfport Home Center / Tracie Farmer</u>	Latitude: <u>30° 31' 19.38"</u> Longitude: <u>088° 50' 06"</u>
Mailing Address: <u>Jim Ramsey Road</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>	<u>SW</u> <u>NW</u> <u>SW</u> <u>SE</u> , Sec <u>18</u> T <u>6S</u> R <u>8W</u>
City State Zip Code	<u>2</u> Miles <u>NE</u> of <u>Lattimer</u>
Telephone No. <u>388-382-0866</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-29-19 Date drilling completed: 11-29-19 Hole depth: 185 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 1 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: 25 feet [above or (below) land surface] Date measured: 11-29-19

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

Well depth: 185 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 100 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 175 feet to 185 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

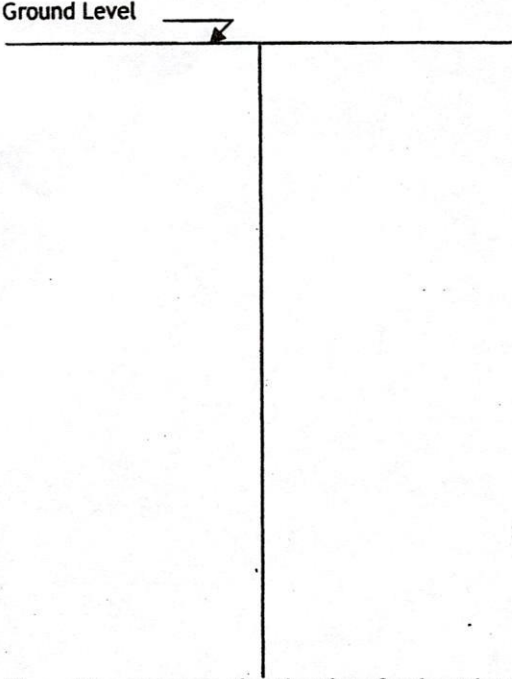
RECEIVED
DEC 11 2019
BY OLWR

County: JACKSON
 Permit #: _____

For Office Use Only:
 Well #: _____

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

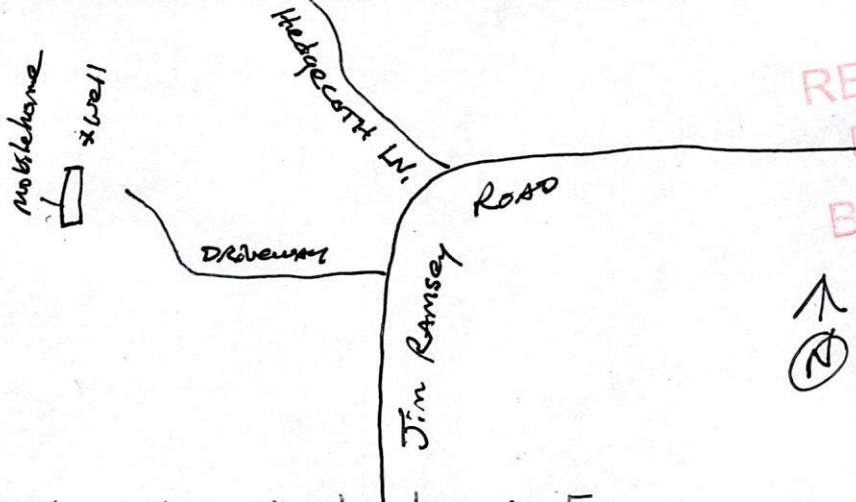
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Orange and Blue Clay	2	55
Gray Medium Sand	155	85

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

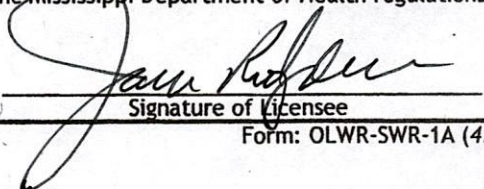


RECEIVED
 DEC 11 2019
 BY OLWR

Landowner Name: Gulfport Home Center / Tracie Farmer

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 12/2/19
 Print Name of Responsible Licensee and License No. Date


 Signature of Licensee