STATE WELL REPORT					
County: JOCKSON		Part 1	For Office Use Only:		
Permit #:		riller's Log	Well #:K_717		
(motilaterille) soll	Mississippi Department of Environmental Quality Office of Land and Water Resources Aquifer:		Aquifer:		
Driller: Cust Wata watsay	P.O. Box 2309		E-Log #:		
Date drilling completed: $8-20-13$		on, MS 39225-2309			
	•	601)961-5210 1)360-0535 (fax)			
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 Bore	ehole Location ngitude:088°431 40.384		
Owner Name: GUIF Coast Build	<u> 1815 </u>				
Mailing Address: <u>Scaman</u>	Road	USGS quad, Hand-held C	e): Conventional Survey, SPS / . Survey-grade GPS		
		SING SE NILL	10/ 15/ 7		
1 VATICAPATIE A N.S. 57505 - 1		SW 1 NW 4, Sec_ 18 T 65 R 7W			
City State Zip Code		21/2_Miles west	of Vanclesue		
Telephone No. (208) 297-1/5	3	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data Date drilling started: 8-19-19 Date drilling completed: 8-20-13 Hole depth: 351 FT Hole diameter: 2					
Landing of the source of any surface water used for drilling: NOSULFFACE Water USED					
Method of dosing and volume of Chlorine used in drilling and development: 1900 At 1000					
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 3 Geotechnical/Geological Investigation Ground Source Heat Pump					
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe)					
1	_		er of this block		
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 NA Other (describe)					
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):					
Well depth: 351 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 336 feet Casing diameter: 2 inches Type of casing: $\frac{\ell VC}{\ell VC}$					
Screen length: 15 feet Screen diameter: 2 inches Type of screen: 4VC					
Screen slot size:inche:	•		13		
Type of completion (circle art approxime). States pasted					
Other (describe): SEP 1 9 20					
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next page					
ij tetes	copea oi more mar	one screen, acount of them p			

County: Jackson		For	Office Use	Only:
Permit #:		Well #:	K717	
The sketch below only required for water wells	<u>Description of formations en</u>	countered r	nust be provide	i for all wells
If well telescopes, show depths on sketch.	and boreholes, unless specifi			
Ground Level	Description of Formations Enco	untered	From (depth)	To (depth)
STOURING LEVEL	Topsoil		Ground level	<u>2</u>
	Orange Charse Sand W	chantocka	2	18
	Grange I parse Sand of a		89	132
	Blue clay		132	205
İ		ura Sana	205	236
	Blueclay	-1	336	300
	Gray Cloarse. So	ina	_SUG_	351
				
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If more than one screen, show location of each on sketch	·			
ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	in locating the property and the wel			
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Did servey				
- Pikerowy				
Xivel				
- House		echer.	RECEIV	
<u></u>				
				0.40
			SEP 1 9 2	013
		ļ	SEP 1 9 2 BY: OLA	_
andowner Name: GUIL Coast Builders		į		_
andowner Name: GULL Coast Builders	constructed and completed in		BY: ()(.)	Mind
andowner Name: GULLOGST BUILDERS HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Environ f applicable, and state laws.	, constructed, and completed in nmental Quality and the Mississi	accordance	BY: OL	M P
HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Enviro	, constructed, and completed in nmental Quality and the Mississi	accordance ppi Departn	BY: OL	M P
HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Enviro	, constructed, and completed in nmental Quality and the Mississi	accordance	BY: OL	∧ ()

STATE WELL REPORT

County: Jackson Permit # Date completed:

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 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:				
Well #:K717				
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 D	epartment at the above address within 30 days of well completion.			
Well Owner Information	· Well Location			
Owner Name: GUI+ COAST BUILDES	Latitude: 38°31'28.80" Longitude: 088°43' 40.38"			
Mailing Address: Seaman Road	Method of Lat/Long (check one): Conventional Survey,			
7/0.	USGS quad, Hand-held GPS, Survey-grade GPS			
Vancleave, MS 39565 City State Zip Code	5w 4 NW4, Sec 18 T 65 R 7W			
Telephone No. (208) 297 - 1153	2/2 Miles WEST of Vancheaue (Distance) (Direction) (Nearest Town)			
retepriorie No. (ASO) 3-11-113-1	(Distance) (Direction) (Nearest Town)			
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	(et Piston Rotary Other (describe):			
Date Pump Installed: 8-21-13	lated Pump Capacity:Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacemen	ıt .			
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wine				
Horse Power Rating of Motor: AHP Setting Dept	h:/OPT.DPfeet Number of Stages:3			
Pump Test Data for Non Flowing Well				
Date Well Tested: 8-21-13	Duration of Pump Test (minimum 4 hours):hours			
Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 1/1 Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):				
Pump Test Pata for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Instal/ation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter: RECEIVED			
Totalizer Register Unit and Multiplier Factor (AF x .00), gal	x 1000, etc)/			
Installation Date: Meter installed by:	SEP 1 9 2013			
Is This Meter (circle one): New Repaired Replaceme	A // BY: OLWR			
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 Ridadel 0-472	8/2/3 Jan Robber			
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			

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