

FIP - 059

STATE WELL REPORT

Part I
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 #: K737

Aquifer: _____

E-Log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well SVC

Date drilling completed: 1-21-15

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.

<p>Well or Borehole Location Latitude: <u>30° 32' 14.58"</u> Longitude: <u>088° 39' 55.32"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey</p> <p>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____</p> <p>NW 1/4 SW 1/4, Sec 11 T 65 R 9 W</p> <p>2 Miles NE of <u>Winchester</u> (Nearest Town)</p>		<p>Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Heath Fitzgerald</u> Mailing Address: <u>Potomac Bayou Rd.</u> Vandalia, MS 39165 City _____ State _____ Zip Code _____ Telephone No. <u>(601) 800-3290</u></p>	
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Well / Borehole Data

Date drilling started: 1-21-15 Date drilling completed: 1-21-15 Hole depth: 125 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 depth 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: 40 feet [above or below] and surface (circle one)

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

Well depth: 125 FT Well grouted to a depth of: 10 feet

Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 2 inches

Screen length: 10 feet Screen diameter: 2 inches

Screen slot size: .004 inches Setting depth: From 115 feet to 125 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

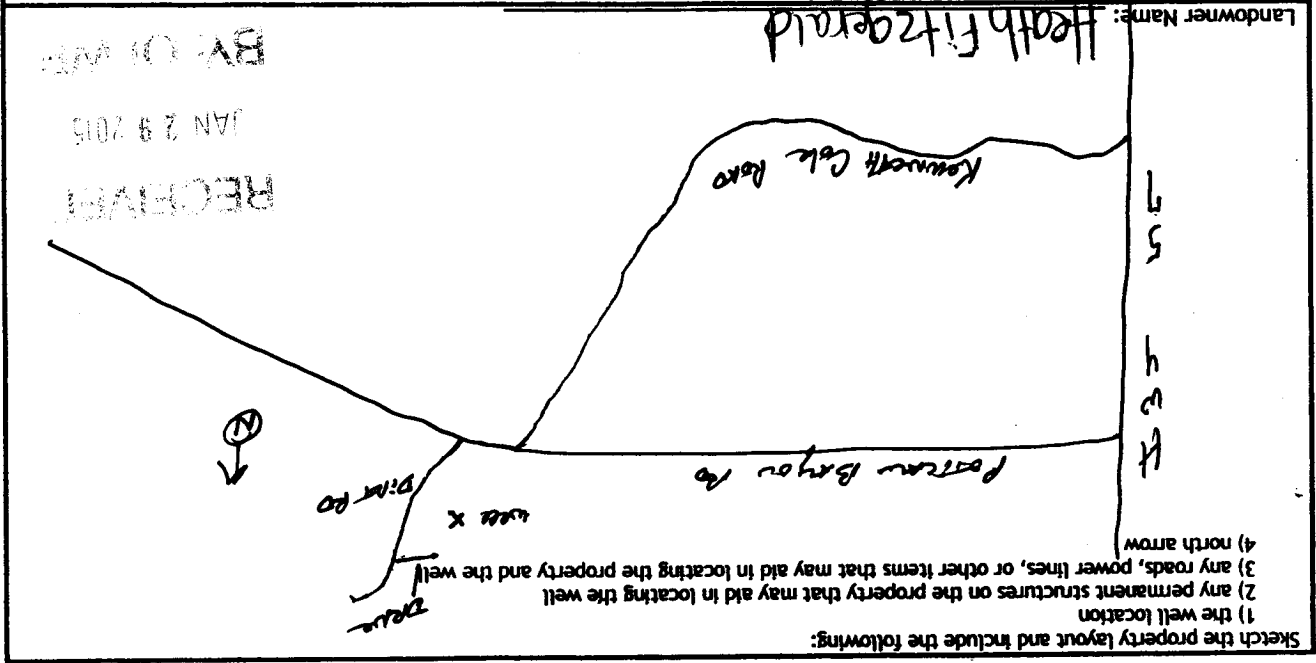
If telescoped or more than one screen, describe on next page

JAN 29 2015

RECEIVED

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.

Print Name of Responsible Licensee and License No. Jack Riddell 0-472
 Date 1/23/15
 Signature of Licensee [Signature]

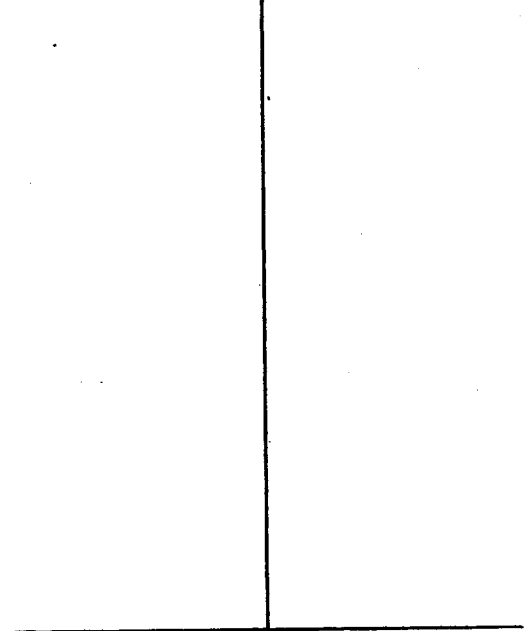


Description of Formations Encountered	From (depth)	To (depth)
Top Soil	0	2
Orange clay	2	30
Brown coarse sand	30	40
Orange clay	40	90
Brown coarse sand	90	135

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

For Office Use Only:
 Well #: 1737

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



Ground Level

If well telescopes, show depths on sketch

The sketch below only required for water wells

County: Jackson
 Permit #: _____

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 #: 1-21-15
Driller: Coastal Water Well Service
Date completed: 1-21-15
Copy information from block on Part 1

For Office Use Only:

Well #: 1
Acquirer: _____

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
Owner Name: Heath Fitzgerald
Mailing Address: Potter Bayou Road
City: Vancleave, MS 39565
State: _____ Zip Code: _____
Telephone No. 668-800-3990

Well Location
Latitude: 30° 32' 14.58" Longitude: 088° 39' 55.33"
Method of Lat/Long (check one): Conventional Survey Hand-held GPS Survey-grade GPS
USGS quad _____
NW 1/4 SW 1/4, sec 11 T 65 R 7W
2 Miles NE of Vancleave (Distance) _____
2 Miles NE of Vancleave (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Piston Rotary Other (describe): _____
Date Pump Installed: 2/13/15
Rated Pump Capacity: 8.5 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: 1HP
Setting Depth: 100 FT DE feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 2/13/15
Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 40 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: 8.5 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
GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____
Meter Model Number/Name: N/A
Type of Meter: _____
Meter Serial Number: _____
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.
Print Name of Pump Installer and License No. (if applicable): Jack R. Riddell 0-472
Date: 2/13/15
Signature of Pump Installer: [Signature]
Form: OLWR-SWR-1B (4/13)

BY: OLMF