

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 #: K 766
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Svc.
Date drilling completed: 7-10-17

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>Vicki Ladner</u>	Latitude: <u>30°30'47.16"</u> Longitude: <u>088°38'27.60"</u>
Mailing Address: <u>Scardino Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 24 T 6S R 7W</u>
Telephone No. <u>(228) 234-0747</u>	<u>3</u> Miles <u>ESE</u> of <u>Vanceleave</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-10-17</u> date drilling completed: <u>7-10-17</u> Hole depth: <u>117 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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>10</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>7-10-17</u> (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>117 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>107</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>.006</u> inches Setting depth: From <u>107</u> feet to <u>117</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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

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BY OLWR

STATE WELL REPORT

Part 2

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Svc.
 Date completed: 7-10-17
Copy information from block on Part 1

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 #: K766
 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>Vicki Ladner</u>	Latitude: <u>30°30'47.16"</u> Longitude: <u>088°38'27.60"</u>
Mailing Address: <u>Scordino Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceave, Ms 39565</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>24</u> T <u>6S</u> R <u>7w</u>
City _____ State _____ Zip Code _____	<u>3</u> Miles <u>ESE</u> of <u>Vanceave</u>
Telephone No. <u>(228) 234-0747</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-10-17 Rated Pump Capacity: 9.5 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement Existing

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1HP Setting Depth: 20 FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 7-10-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 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: 9.5 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.

Well yielded _____ GPM with a drawdown of N/A feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: N/A

Meter Model Number/Name: _____ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ JUL 19 2017

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement 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 Ridadell 0-472 7-10-17 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer