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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)

County: Jackson
Permit #:
Driller: Coast Water Wells Inc.
Date drilling completed: 11-24-20

For Office Use Only:
Well #: K 848
Aquifer:
E-Log #:

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)

Owner Name: Mike Perry, JR.
Mailing Address: Johns Bayou Road
Vancleave MS 39565
City State Zip Code
Telephone No. (228) 217-7703

Well or Borehole Location

Latitude: 30° 49' 50.58" Longitude: 088 64' 28.08"
30 29 54.5 88 38 40.4
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SW ¼ NW ¼, Sec 25 T 6s R 7w
2½ Miles (*Distance*) SOUTH EAST (*Direction*) of Vancleave (*Nearest Town*)

Well / Borehole Data

Date drilling started: 11-24-20 Date drilling completed: 11-24-20 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: 1gal Per 1000 Drilling 2gal 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

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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: 20 feet [above or below] (*circle one*) land surface Date measured: 11-24-20
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 Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 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

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

County: Jackson

Permit #: _____

For Office Use Only:

Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

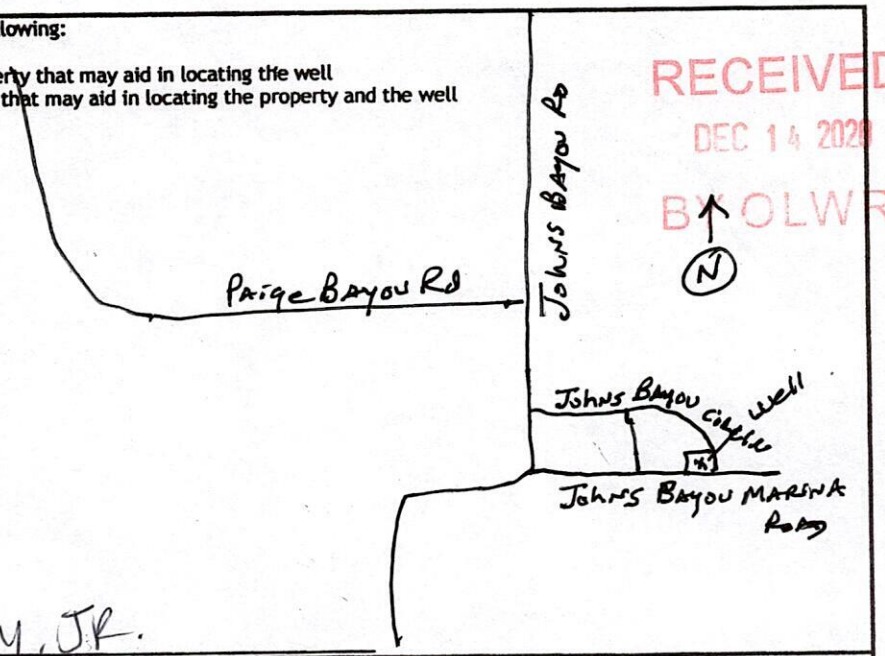
If more than one screen, show location of each on sketch

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	10
Orange Coarse Sand	10	25
Orange Clay	25	50
Orange coarse Sand	50	90
Orange Clay	90	105
Orange Coarse Sand	105	125

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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Landowner Name: Mike Perry, Jr.

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 Ridgdell 0-472 — Print Name of Responsible Licensee and License No.

12/1/20 — Date

Jack Ridgdell — Signature of Licensee

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

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 #:
Driller: Coast Water Well Svc
Date completed: 11-24-20
Copy information from block on Part 1

For Office Use Only:
Well #: K 848
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

Owner Name: Mike Perry, JR.
Mailing Address: Johns Bayou Road
Vancleave MS 39565
City State Zip Code
Telephone No. 228 217-7703

Well Location

Latitude: 30°49'50.58" (30 29 54.5) Longitude: 088°64'28.08" (88 38 40.4)
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SW ¼ NW ¼, Sec 25 T 6S R 7W
2½ Miles SE of Vancleave
(*Distance*) (*Direction*) (*Nearest Town*)

Pump Type (*circle one*)

Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (*describe*):
Date Pump Installed: 11-24-20 Rated Pump Capacity: 9 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: 40FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 11-24-20 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 20 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 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: N/A Meter Serial Number:
Meter Model Number/Name: Type of Meter:
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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgdell 0-472 12/1/20
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

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