

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 #: L212
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Cast Water Wells Svc.
Date drilling completed: 5-3-18

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>Jeff + Christine Adams</u>	Latitude: <u>30° 30' 29.76"</u> Longitude: <u>088° 37' 8.76"</u>
Mailing Address: <u>Poticaw Landing Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Vanderveave, MS 39565</u>	USGS quad _____, Sec. <u>39</u> T. <u>6S</u> R. <u>6W</u>
City: _____ State: _____ Zip Code: _____	<u>4 1/4</u> Miles <u>EAST</u> of <u>Vanderveave</u>
Telephone No. <u>(228) 218-6526</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5-3-18</u>	Date drilling completed: <u>5-3-18</u> Hole depth: <u>370 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): No log run <input checked="" type="checkbox"/> Electric _____ Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____	
Other (describe): <u>House Boat</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet [above or (below) land surface (circle one)] Date measured: <u>5-3-18</u>	
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line <input checked="" type="checkbox"/> Other (describe) _____	
Well depth: <u>370 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement _____ Bentonite <input checked="" type="checkbox"/> Mix _____	
Casing length: <u>360</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>.004</u> inches Setting depth: From <u>360</u> feet to <u>370</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Open hole <input checked="" type="checkbox"/> Natural Development _____	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

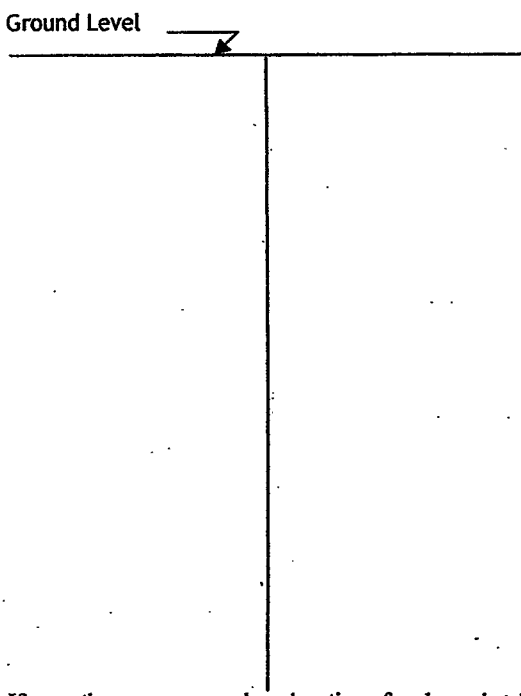
If telescoped or more than one screen, describe on next page

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County: JACKSON
 Permit #: _____

For Office Use Only:
 Well #: L212

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)
TOPSOIL	Ground level	2
Gray Clay	2	5
White coarse Sand	5	18
Blue Clay w/ streaks of sand	18	315
Gray Medium to Coarse Sand	315	370

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



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Landowner Name: Jeff + Christine Adams

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 Kidwell 0-472 5/4/18
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

STATE WELL REPORT

Part 2

County: JACKSON
 Permit #: _____
 Driller: East Water Well Svc.
 Date completed: 5-3-18
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 #: L212
 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>Jeff & Christine Adams</u>	Latitude: <u>30°30'29.76"</u> Longitude: <u>088°37'8.76"</u>
Mailing Address: <u>Poticaw Landing 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>	<u>SE 1/4 SE 1/4, Sec 39 19 T 6 S R 6 W</u>
City: _____ State: _____ Zip Code: _____	<u>4 1/4</u> Miles <u>EAST</u> of <u>Vanceleave</u>
Telephone No. <u>(228) 218-6526</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-26-18 Rated Pump Capacity: 8 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: 60 FT feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 6-26-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 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 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: _____

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

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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 6/26/18 Jack Ridadell

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