

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 #: M 614
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells Inc
Date drilling completed: 1-28-15

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Matt Rayborn</u>	Latitude: <u>30°33'4.20"</u> Longitude: <u>088°31'39.00"</u>
Mailing Address: <u>14412 Timber Ridge DR.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Moss Point, MS 39562</u>	<u>NW</u> 1/4 <u>SW</u> 1/4, Sec <u>6</u> T <u>6S</u> R <u>5W</u>
City State Zip Code	<u>7</u> Miles <u>North</u> of <u>Moss Point</u>
Telephone No. <u>(208) 219-2770</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>1-28-15</u> Date drilling completed: <u>1-28-15</u> Hole depth: <u>195 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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet (above or below land surface) (circle one) Date measured: <u>1-28-15</u>	
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>195 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>185</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>185</u> feet to <u>195</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <u>Natural Development</u>	
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

RECEIVED
FEB 24 2015
BY: OLWR

STATE WELL REPORT

Part 2

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells
 Date completed: 1-28-15
 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 #: M614
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Matt Rayborn</u> Mailing Address: <u>14412 Timber Ridge Drive</u> <u>Miss Point, MS 39562</u> City State Zip Code Telephone No. <u>228 219-2710</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>30° 33' 4.20"</u> Longitude: <u>088° 31' 39.00"</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad _____, Sec <u>6</u> T <u>6S</u> R <u>5W</u> <u>7</u> Miles <u>North</u> of <u>Miss Point</u> (Distance) (Direction) (Nearest Town)</p>
--	---

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 1-30-15 Rated Pump Capacity: 9 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: 1 HP Setting Depth: 40 FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 1-30-15 Duration of Pump Test (minimum 1 hour): 4 1/2 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: _____ Meter Serial Number: _____
 Meter Model Number/Name: N/A 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.

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

Jack Ridadell 0-472 1/30/15 John Redwood
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 FEB 2 2015
 BY OLWR