

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 #: 059N1127
 Aquifer: _____
 E-Log #: _____

County: JACKSON

Permit #: _____

Driller: Coast Water Wells, Inc.

Date drilling completed: 2-20-19

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>Jason Bosley</u>	Latitude: <u>30° 30' 22.20"</u> Longitude: <u>088° 58' 46.62"</u> <u>22' 8 34"</u> <u>45' 40.89"</u>
Mailing Address: <u>Pointe Aux Chenes DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ocean Springs, Ms 39564</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4, Sec 11 T 8 S R 8 W</u>
Telephone No. <u>(504) 756-2121</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2/18/19 Date drilling completed: 2-20-19 Hole depth: 410 FT Hole diameter: 4" x 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 2 GAL 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: 50 feet (above or below) and surface Date measured: 2-20-19
(circle one)

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

Well depth: 410 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 FT x 2" PVC 240' x 4" PVC Casing diameter: 4" x 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 390 feet to 410 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 240 feet

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

County: JACKSON

Permit #: _____

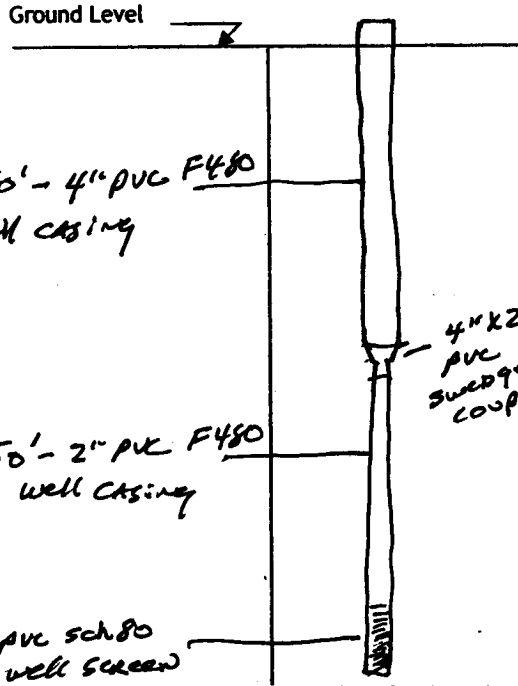
For Office Use Only:

Well #: N1127

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



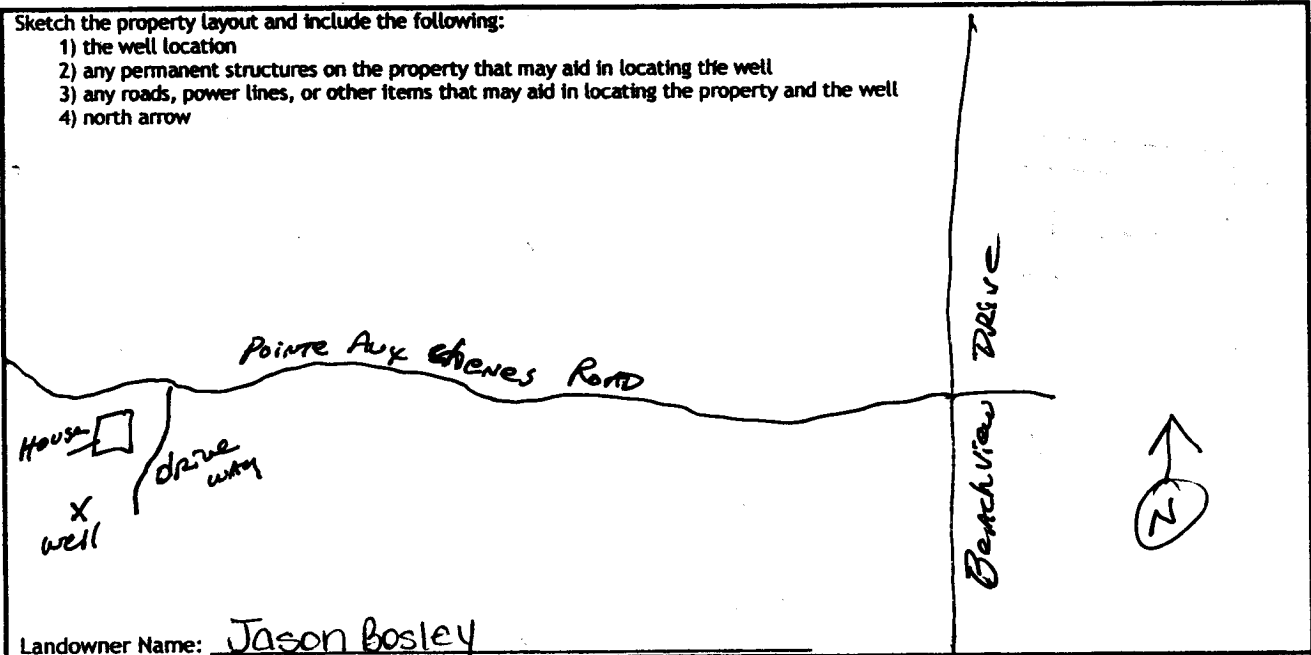
Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
White coarse sand	2	15
Gray clay	15	35
Brown coarse sand w/ STR. OF CLAY	35	100
Blue clay w/ STR. OF sand	100	363
Gray coarse sand	363	410

240' - 4" PVC F480 well casing
150' - 2" PVC F480 well casing
20' - 2" PVC sch 80 6 SBT well screen

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



Landowner Name: Jason Bosley

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 Ridgell 0-472 2/20/19
Print Name of Responsible Licensee and License No. Date

Jack Ridgell
Signature of Licensee