

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 #: 01018
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells sv
Date drilling completed: 7-21-16

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	Well or Borehole Location
<p><i>Turf Landowner if borehole is not for a water well</i> Owner Name: <u>Gautier High School</u> Mailing Address: <u>4307 Gautier-Vancleave RD</u> <u>Gautier, Ms 39553</u> City State Zip Code Telephone No. () _____</p>	<p>Latitude: <u>30° 24' 30.24"</u> Longitude: <u>088° 39' 34.62"</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad _____, Sec <u>26</u> T <u>7S</u> R <u>7W</u> <u>1N</u> Miles _____ of <u>Gautier</u> (Distance) (Direction) (Nearest Town)</p>

Well / Borehole Data

Date drilling started: 7-19-16 Date drilling completed: 7-21-16 Hole depth: 280 FT Hole diameter: 4"
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: 20 feet [above or below] land surface Date measured: 7-21-16
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 280 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 260 feet to 280 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

Received

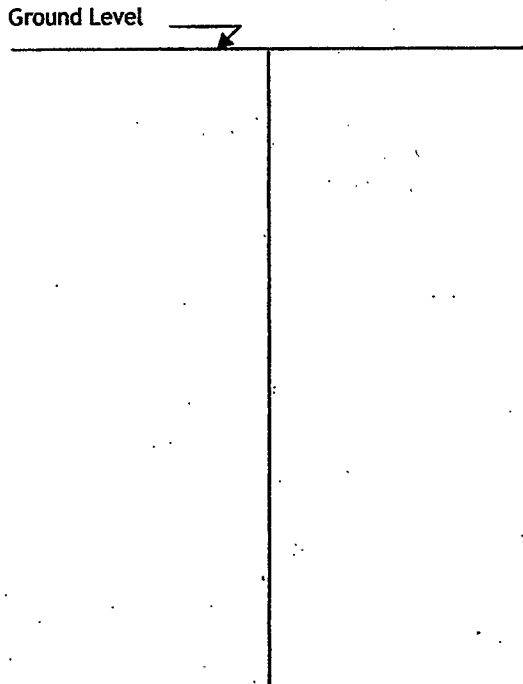
AUG 04 2016
Form: OLWR-SWR-1A (4/13)
By OLWR

County: Jackson
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



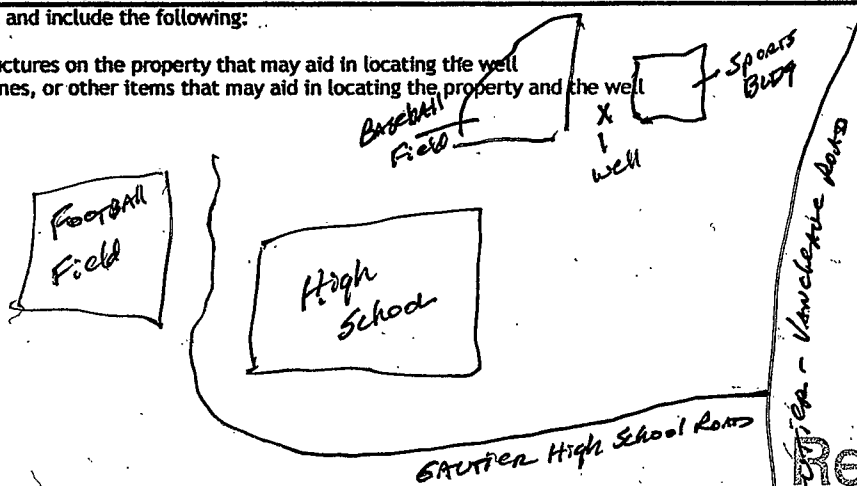
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Gray Clay	2	20
White Coarse sand	20	40
Blue clay	40	90
White Coarse Sand	90	105
Blue Clay	105	170
Gray coarse sand	170	280

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



Received
 AUG 04 2016
 By OLWR

Landowner Name: Turf Masters/Gautier High School

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 Bidadell 0-472 7/22/16
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee