

STATE WELL REPORT

250

County: Jones
 Permit #: _____
 Driller: David cain
 Date drilling completed: 07/23/2021

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: J 189
 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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|--|--|
| Owner Name: <u>Vanderbilt mortgage and finance ,inc.</u> | Latitude: <u>31.5378210</u> Longitude: <u>-89.2959950</u> |
| Mailing Address: <u>47 pace dr.</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City: <u>Moselle</u> State: <u>Ms</u> Zip Code: <u>39459</u> | <u>S</u> <u>SW</u> <u>W</u> <u>SW</u> <u>1/4</u> <u>1/4</u> , Sec <u>27</u> T <u>07N</u> R <u>13W</u> |
| Telephone No. (<u>800</u>) <u>970-9250</u> | <u>4</u> Miles <u>Nw</u> of <u>Moselle ,ms</u> (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 07/23/2021 Date drilling completed: 07/23/2021 Hole depth: 30 • Hole diameter: 4 •

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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

RECEIVED
 AUG 31 2021
 OLWR

Purpose of Well (check 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: 13 feet [above or below] land surface Date measured: 07/23/2021
 (check one)

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): String

Well depth: 30 • Well grouted to a depth of: 10 • feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 20 • feet Casing diameter: 2 • inches Type of casing: Pvc

Screen length: 10 • feet Screen diameter: 2 • inches Type of screen: Pvc

Screen slot size: #10 inches Setting depth: From 20 • feet to 30 • feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

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)

For Office Use Only:

Well #: J189
Aquifer: _____

County: Jones
Permit #: _____
Driller: David Cain
Date completed: 7-23-2021
Copy information from block on Part 1

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>Vanderbilt mortgage & Finance, inc</u> | Latitude: <u>31.537820</u> Longitude: <u>-89.2959950</u> |
| Mailing Address: <u>47 pace dr</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Moselle MS 39459</u> | <u>SSW 1/4 W SW 1/4, Sec 27 T 07N R 73W</u> |
| City State Zip Code | <u>4</u> Miles <u>Nw</u> of <u>Moselle MS</u> |
| Telephone No. <u>(800) 970-9250</u> | (Distance) (Direction) (Nearest Town) |

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 7-23-2021 Rated Pump Capacity: 8 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 hp Setting Depth: 25 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 7-23-2021 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 13 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 8 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): String

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ 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 (check 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.

David Cain So. Ms Water Well 0-3831 7-29-2021 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer