

STATE WELL REPORT

County: SCOTT
 Permit #: THOMAS DRILLING
 Driller: 11/20/17
 Date drilling completed: 11/20/17

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 #: 657
 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> Owner Name: <u>HOANG NGUYEN</u> Mailing Address: <u>81 POPLAR DRIVE</u> <u>HATTIESBURG MS 39402</u> City State Zip Code Telephone No. <u>(601) 307-6351</u>			Well or Borehole Location Latitude: <u>32°28'52.83"N</u> Longitude: <u>89°26'7.12W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SW ¼ NW ¼, Sec 1 T 7N R 8E</u> <u>4</u> Miles <u>EAST</u> of <u>HARPERVILLE</u> (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data
 Date drilling started: 11/20/17 Date drilling completed: 11/20/17 Hole depth: 108' Hole diameter: 4"
 Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 1lbs IN TENDER AND WASH
 Logs run (check all applicable): 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
 Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): POULTRY
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 40' feet above or below land surface Date measured: 11/20/17
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 108' Well grouted to a depth of: 50 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 78' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 30' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .010" inches Setting depth: From _____ feet to _____ 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

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County: SCOTT
 Permit #: _____

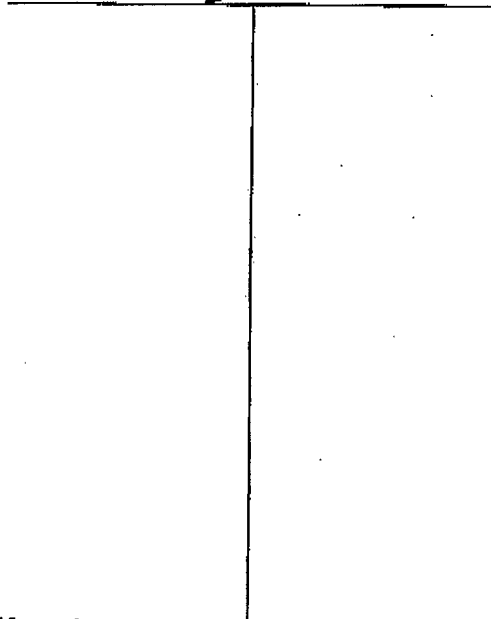
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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level 



Description of Formations Encountered	From (depth) Ground level	To (depth)
MIXED CLAY GUMBO	0	20'
FINE SAND	20'	45'
YELLOW SAND	45'	84'
GRAY SAND	84'	100'
LIGNITE	100'	102'
SAND	102'	106'
GRAY CLAY	108'	108'

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: HOANG NGUYEN

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.

DAVID S THOMAS 0-147 12/4/17
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: 657
 Aquifer: _____

County: SCOTT
 Permit #: _____
 Driller: THOMAS DRILLING
 Date completed: 11/27/17
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>HOANG NGUYEN</u>			Latitude: <u>32°28'52.83N</u>	Longitude: <u>89°26'7.12"W</u>
Mailing Address: <u>81 POPLAR DRIVE</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>HATTIESBURG</u>	<u>MS</u>	<u>39402</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> _____, Survey-grade GPS _____	
City	State	Zip Code	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>1</u> T <u>7N</u> R <u>8E</u>	
Telephone No. (<u>601</u>) <u>307-6351</u>			<u>4</u> Miles <u>EAST</u> of <u>HARPERVILLE</u>	
			(Distance) (Direction) (Nearest Town)	

Pump Type (check one)

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

Date Pump Installed: 11/27/17 Rated Pump Capacity: 45GPM 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: 5HP 3PH Setting Depth: 80' feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 11/27/17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 40' Feet Below Land Surface Pumping Water Level (B): 60' Feet Below Land Surface

Drawdown [(B) - (A)]: 20' Feet Below Land Surface Test Pumping Rate: 60GPM Gallons Per Minute

Method of measurement (check 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 _____ 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.

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

DAVID THOMAS 0-147 12/4/17
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer