

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 104
Aquifer: _____
E-Log #: _____

County: Stone
Permit #: _____
Driller: Coast Water Well Svc
Date drilling completed: 10-21-16

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jim Slade</u>	Latitude: <u>30° 42' 53.88"</u> Longitude: <u>089° 00' 50.16"</u>
Mailing Address: <u>187 Roy O'Neal Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: <u>MS</u> Zip Code: _____	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>228 518-0730</u>	<u>NE</u> ^{SE} ^{NW} <u>1/4</u> <u>500</u> <u>1/4</u> , Sec <u>8</u> <u>T 45</u> <u>R 10W</u>
	<u>7</u> Miles <u>East</u> of <u>McHenry</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-21-16 Date drilling completed: 10-21-16 Hole depth: 215 FT Hole diameter: 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: 95 feet [above or below (circle one)] land surface Date measured: 10-21-16

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

Well depth: 215 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 200 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 200 feet to 215 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

JUL 20 2016

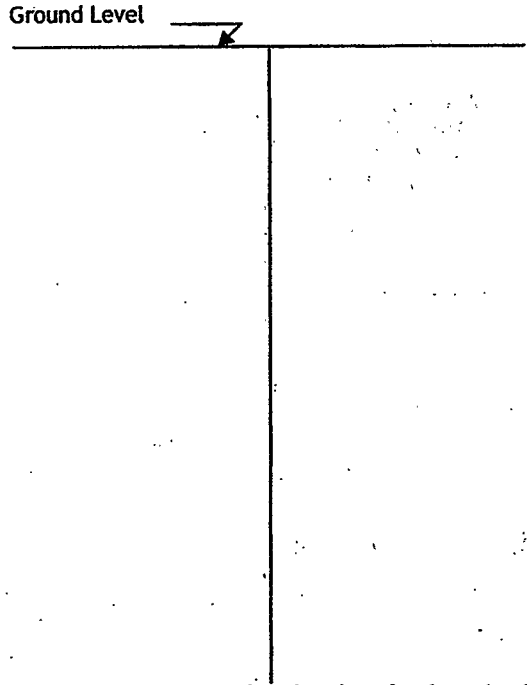
Form: OLWR-SWR-LAWR

Received

County: STONE
 Permit #: _____

For Office Use Only:
 Well #: M104

The sketch below only required for water wells
If well telescopes, show depths on sketch.

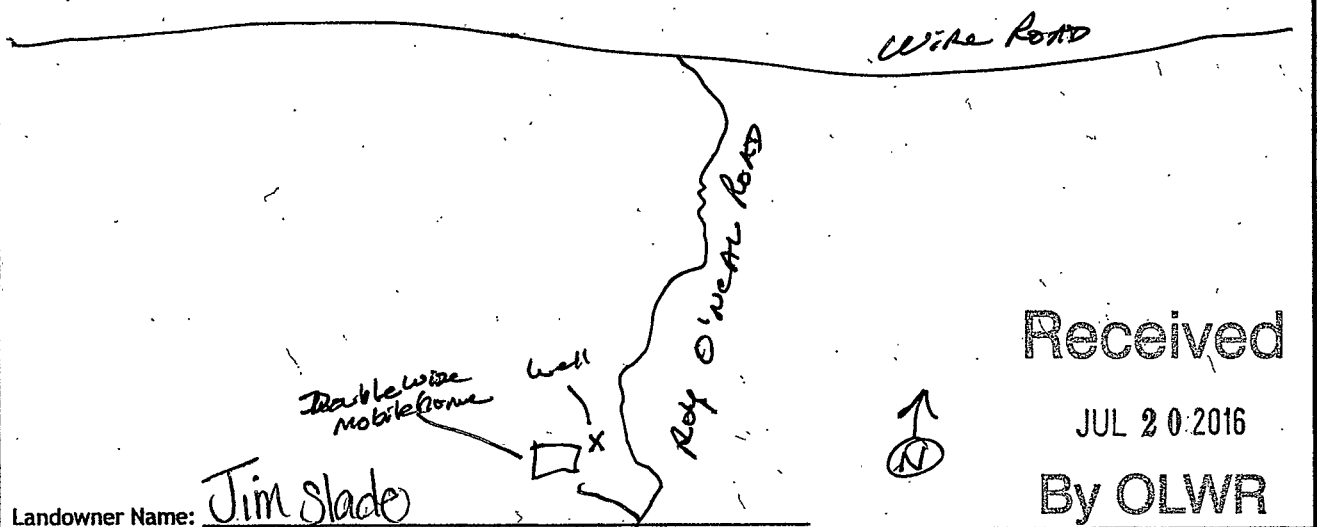


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Orange Clay	2	90
White Coarse Sand	90	103
Blue Clay	103	135
Brown Coarse Sand	135	150
Blue Clay	150	170
Gray Coarse Sand w/ pebbles/gravel	170	215

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
 JUL 20 2016
 By OLWR

Landowner Name: Jim Slade

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 Kildgell 0472 6/28/16 Jack Kildgell
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: stone
 Permit #: _____
 Driller: East Water Well Svc.
 Date completed: 6-21-16
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 #: M104
 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.

Well Owner Information	Well Location
Owner Name: <u>Jim Slade</u>	Latitude: <u>30°49'58.98"</u> Longitude: <u>089°00'50.16"</u>
Mailing Address: <u>187 Roy O'Neal Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: <u>MS</u> Zip Code: _____	<u>NESE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>8</u> T. <u>4S</u> R. <u>10W</u>
Telephone No. <u>(628) 518-0730</u>	<u>7</u> Miles <u>EAST</u> of <u>Matheny</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 7-21-16 Rated Pump Capacity: 8 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: 2HP Setting Depth: 110 FT feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 7-21-16 Duration of Pump Test (minimum 4 hours): 5 1/2 hours

Static Water Level (A): 110 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: 8 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. N/A

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: N/A

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 (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 Kidgell 0-472 7/26/16 Jack Kidgell
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR SWR 12 (2015)

By OLWR