

STATE WELL REPORT

160

County: Stone
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 3-7-19

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 111
 Aquifer: _____
 E-Log #: _____

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MAR 29 2019

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.

<p style="text-align: center;">Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Mike Toncrey</u> Mailing Address: <u>Dewey Bond Road</u> <u>Perkinston, MS 39573</u> City State Zip Code Telephone No. <u>(228) 243-9191</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>30° 43' 12.12"</u> Longitude: <u>88° 58' 59.34"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS Quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> <u>NW</u> <u>SE</u> <u>NE</u> <u>SW</u> <u>SE</u> <u>OK</u> <u>SW</u> <u>SE</u> <u>OK</u> 1/4 Sec <u>10</u> T <u>45</u> R <u>10W</u> <u>9</u> Miles <u>EAST</u> of <u>McHenry</u> (Distance) (Direction) (Nearest Town)</p>
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BY OLWR

Well / Borehole Data

Date drilling started: 3-6-19 Date drilling completed: 3-7-19 Hole depth: 225 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 liquid 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: 105 feet [above or below] land surface Date measured: 3-7-19
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 225 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 210 feet to 225 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

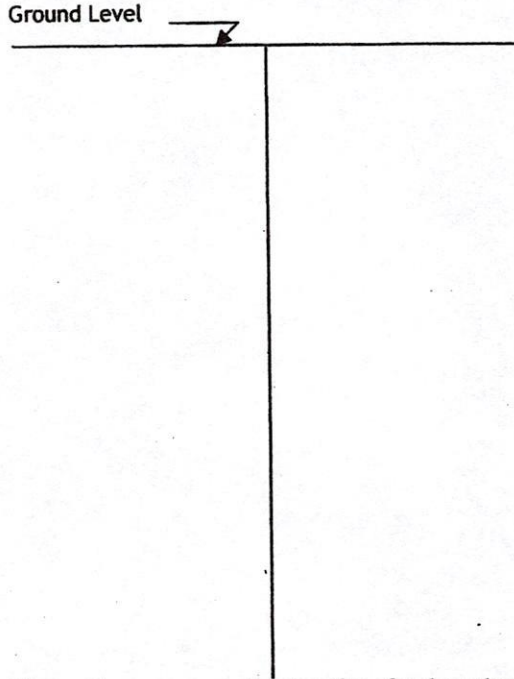
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County: Stone
 Permit #: _____

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BY OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



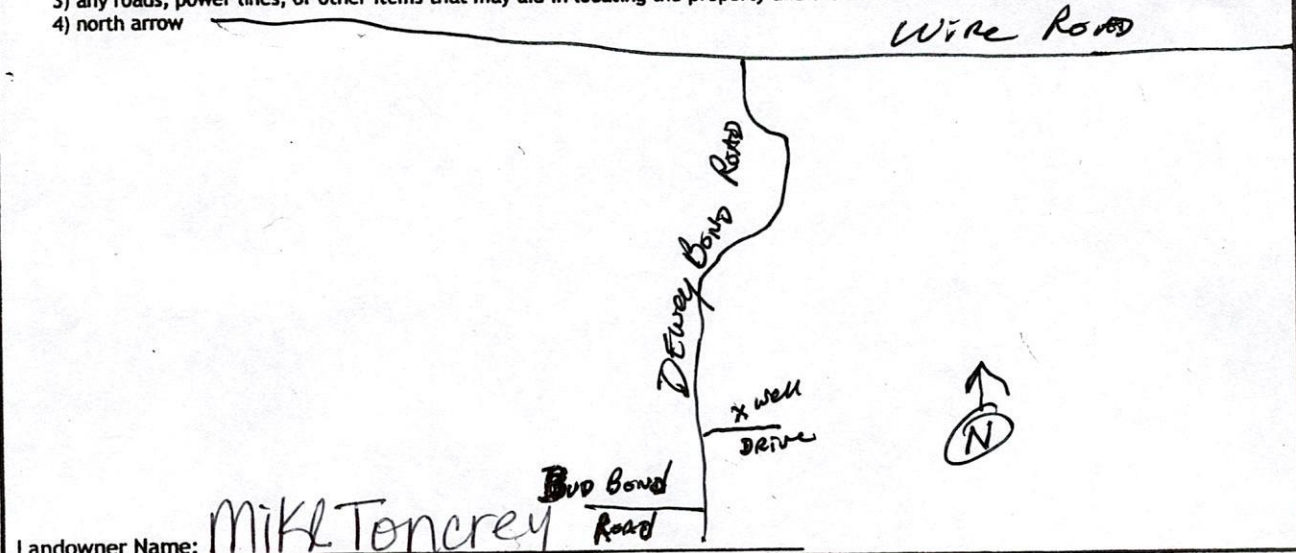
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL		2
Orange + Blue Clay	2	147
Brown coarse sand	147	160
Blue Clay	160	195
Brown coarse sand	195	225

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: Mike Toncrey

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 0472 3/8/19
 Print Name of Responsible Licensee and License No. Date

Jack Ridgell
 Signature of Licensee

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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)

County: Stone
 Permit #: _____
 Driller: Cob Water Well Svc.
 Date completed: 3-7-19
Copy information from block on Part 1

For Office Use Only:
 BY OLWR
 Well #: M111
 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>Mike Toncrey</u>	Latitude: <u>30°43'12.12"</u>	Longitude: <u>088°58'59.34"</u>	
Mailing Address: <u>Dewey Bond Road</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>42 34.09 59 05.71</u>		
<u>Perkinston, MS 39573</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>NW SW 1/4 Sec 10 T 45 R 10w</u>		
Telephone No. <u>(228) 243-9191</u>	<u>9</u> Miles <u>East</u> of <u>McHenry</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 3/7/19 Rated Pump Capacity: 9 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: 2 HP Setting Depth: 120 FT DP feet Number of Stages: 3

Pump Test Data for Non Flowing Well
 Date Well Tested: 3/7/19 Duration of Pump Test (minimum # hours): 6 1/2 hours
 Static Water Level (A): 105 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: 9 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: _____ N/A 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 (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 Ridgell 0-472 3/8/19 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer