[]	State Well	Report		
County: Ande	Part 1 – Dril		For Office Use Or	dy:
County. 1.1 wile	Mississippi Department of		Aquifer:	
Permit #:	Office of Land and W P.O. Box		Aquifer: Well #: $D99$	
Driller: Fritzereld hell firmes	Jackson, MS		· ·	
Date drilling completed: 12-30-14	(601)961-	5210	L. S. Elevation:	
Date drifting completed.	(601)961- 52	28 (fax)	E-log #:	
State Law requires that this repor	rt be prepared by the license	holder responsible for	the work and filed with	the
Department at the above address	within 30 days of completion	n of drilling of the wel	l or borehole	······
Information on Well ((Landowner if borehole is not fo		Well or B	orchole Location	
	La	itude: <u>31 ° 16 ° 41.8</u>	5" Longitude: <u>90° 40</u>	<u>,543</u> ,
Owner Name Harold Hudson	Me	thod of Lat/Long (circle o	ne): Conventional Survey	,
Mailing Address: Thompson Rd			d GPS, Survey-grade GPS	
	5	N 1/2 SW 1/2 Sec 26	$_{\rm Twn}$ 4N $_{\rm Rng}$	5 E
Smithdule. City Sta	te Zip Code Di	stance Direction	Nearest Town	
Telephone No. ()		Miles	_of	
	Well / Borehole			
Date drilling started: 12-30-14. Date dr	rilling completed: 12-30-14	Hole depth: <u>156</u>	Hole diameter: 5"	
Location of the source of any surface wate Method of dosing and volume of Chlorin	er used for drilling: e used in drilling and developm	ent:		
Logs run (circle all applicable): No log ru Name of organization running log(s):				
Purpose of borehole (check one): Water W	/ellGeotechnical/Geologica	l Investigation Groun	d Source Heat Pump	
Seismic	SurveyOther (describe)			
If drilling is not related	to water well construction, sk	ip the remainder of this b	lock	
Purpose of Well (check one): Home	Industrial Public Supply	Irrigation Fish Culture	Other:	-
If a flowing well, method of flow regulation	on: Valve Other	(describe)		
Static Water Level: 56 feet al	bove or below (circle one) land	surface Date measured:	12-30-14.	-
Method of Measurement (circle one)	teel tage electric tage	air line other:		
Well depth: <u>156</u> Well grouted to a de	epth of <u>/o</u> feet Type of g	rout (circle one): Meat Cer	nent Bentonite Mix	
Casing length: <u>136</u> feet Casi		ches Type of casing: _	M	_
Screen length: <u>20</u> feet Screen	een diameter: 4^{ν} in	ches Type of screen: _	Ac	
Screen slot size:inches		6 feet to	<u>56</u> feet	
Type of completion (circle all applicable):	: Gravel packed Underream	ed Telescoped Open	n hole Natural Develop	ment
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If telesco	ped or more than one scr		
L			Form: OLWR-SWR	AA (04/08)
				FEB 11 2015

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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

<u>ell telescopes, show depths on s</u> Ground Level	<u>Keica.</u>	Description of Formations Encountered	From (depth) Ground Level	To (depth)
			and the second se	20
		duy.	6	
		Sand.	20	40
		cluy-	40	10
		Sand	10	90
		clue	90	110
		(wite sand	110	150
1				
	×			
•				
	•			
n	. ⁹ 1			
If more than one screen, show	location of each on sketch			
If more than one screen, show	iocation of cool of bitter			
	lude the following: 1) the we	Il location; 2) any permanent structures on t	he property that ma	ay
etch the property layout and inc	alle 2) any roads nower lines.	, or other items that may aid in locating the	property and the w	ell;
aid in locating the w	en; 37 any roads, power mies,			
4) a north arrow.				

4) a INHI MIONI		5
	Thompson Rd	-
	- poulting Huses	Huy 569
	the well	0.4
		\ N
Landowner Name: <u>Hererold</u> Hudson	For	n: OLWR-SWR-1A (04/08)

I 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 Relth

laws. 024. 12-30-14 Bind Ertzgenald Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

	STATE W	ELL REPORT	For Office Line Only	
County: Amite	F	Part 2	For Office Use Only:	
Permit #:		's Completion Report	Aquifer:	
		nt of Environmental Quality and Water Resources	Well #: D99	-
Driller: Fotzerald well Serve	P.O.	Box 2309	Well #: 2	-
Date completed: 12-30-14		n, MS 39225)961-5210	Elevation:	-
<u>Copy information from block on Part 1</u>		61-5228 (fax)		
This part of the report must be completed report must be attached and both parts fil				
Well Owner Information			Location	
Owner Name: Harrold Hudson		Latitude: 31° 16' 41.5	Longitude: <u>90° 40′ 5 9.3</u> ″	
Mailing Address: Thompson Rd	J	Method of Lat/Long (check or	e): Conventional Survey,	
······	.,	USGS quad, Hand-held	GPS, Survey-grade GPS	
Sm thate City State	Zip Code	¼¼ Sec_	TR	
	•	Distance Direction		
Telephone No. ()		Miles0	f	
Pump Type Circle one	_		wer Type ircle one	
Air Lift Jet	Submersible	_	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):		Horse Power Rating of Motor	3	
Date Pump Installed: 12-30-14		Setting Depth:	feet	
Rated Pump Capacity: <u>33</u>	_Gallons Per Minute	Number of Stages:		
Pump Test Data Date Well Tested:			asuring Water Level	
		Air Line Electric Mea		
Static Water Level (A):Feet	Below Land Surface	Other (specify):	\bigcirc	
Pumping Water Level (B):Feet	Below Land Surface	Cutor (speers):		
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured sl	nut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours)	:hours	feet after	hours of pumping	
		_ .		
This is for (circle one): New Well	> Replacement of Ex	isting Pump Repair of E	kisting Pump	
		- C 1		
I HEREBY CERTIFY that the above stater		or my knowledge.	RECE	WE
BIAL Filenal. Print Name of Pump Installer and License	029.	Put Ital		
Print Name of Pump Installer and License	No. (if applicable)	Anginature of Pump In	staller Form: OLWR-SWR-1C (07-	<u>↓</u> _2[0] 09)

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