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MDEQ LAND & WATER

001 000-0595

P. 2

County: CAPLAW CO.
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 3-6-09

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 39205
 (601)961-5210
 (601)360-0537 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Q-17
 L.S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>RICKY GARDET</u> Mailing Address: <u>21736 HWY 28</u> <u>HAZHUET MISS 39083</u> City State Zip Code Telephone No. <u>(504) 814 4164</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>14</u> Twp <u>10N</u> Rng <u>7E</u> Distance: <u>5</u> Miles Direction: <u>WEST</u> of Nearest Town: <u>HAZHUET MS</u>
Well / Borehole Data	
Date drilling started: <u>3-4-09</u> Date drilling completed: <u>3-6-09</u> Hole depth: <u>160</u> Hole diameter: <u>7 7/8</u> Location of the source of any surface water used for drilling: <u>WELL WATER</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL EVERY 3000 GAL</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Pish Culture _____ Other: _____ If a flowing well, method of flow regulation, Valve _____ Other (describe) _____ Static Water Level: <u>10'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-6-09</u> Method of Measurement (circle one): <u>Steel tape</u> elastic tape air line other _____ Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Denonitic Mla Casing length: <u>120</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PC</u> Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>08</u> inches Setting depth: From <u>120'</u> feet to <u>140'</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____ Top of tap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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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

County: COCAH CO
 Permit #: _____
 Installer: LARRY EASLEY
 Date completed: 3-6-09
 Check information from check on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-17
 Elevation: _____

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
 Owner Name: RICKY GAUDET
 Mailing Address: 21736 HWY 28
HAZHUWST MISS 39083
 City State Zip Code
 Telephone No. _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Location (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 14 T. 10N R. 07E
 Distance _____ Direction _____ Nearest Town: _____
5 miles WEST of HAZHUWST MS

Air Lift	Pump Type Circle one		Power Type Circle one		
	Jet	<u>Submersible</u>	Direct Engine	Quoline Engine	Natural Gas
Buckram	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>3-6-09</u>		Horse Power Rating of Motor: <u>1/2 HP</u>		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Setting Depth: <u>60 ft</u> feet		
			Number of Stages: <u>9</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-6-09</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____		
Working Water Level (B): <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown (B) - (A): <u>0</u> Feet Below Land Surface	Well yielded <u>12</u> OPM with a drawdown of _____		
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>0</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY 510
 Print Name of Pump Installer and License No. (if applicable)
Larry Easley
 Signature of Pump Installer
 Form: OLWR-SWR-1B

FEDERAL
 APR 06 2009
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