

# 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)

County: George  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 2-15-2014

**For Office Use Only:**  
Well #: D 164  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Rolling Hills Ranch</u>	Latitude: <u>30°56'12.85"</u> Longitude: <u>88°28'53.13" W</u>
Mailing Address: <u>152 Sandhill Cemetery</u> <u>Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	<u>NE 1/4 NE 1/4</u> , Sec <u>28</u> T <u>T15</u> R <u>R5W</u>
City State Zip Code	<u>6</u> Miles <u>East</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

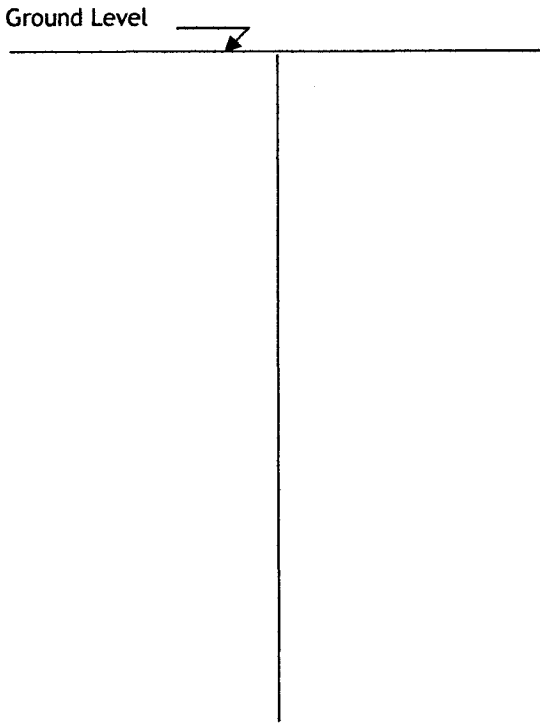
Well / Borehole Data
Date drilling started: <u>2-14-2014</u> Date drilling completed: <u>2-15-2014</u> Hole depth: <u>148'</u> Hole diameter: <u>7.5"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> <u>Electric</u> Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> <u>Irrigation</u> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>92'</u> feet [above or below] land surface Date measured: <u>2-15-2014</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>148'</u> Well grouted to a depth of: <u>12'</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> <u>Mix</u>
Casing length: <u>128'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC 540 BE</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC 540 WOP</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>128'</u> feet to <u>148'</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: George  
Permit #: \_\_\_\_\_

**For Office Use Only:**  
Well #: D 164

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



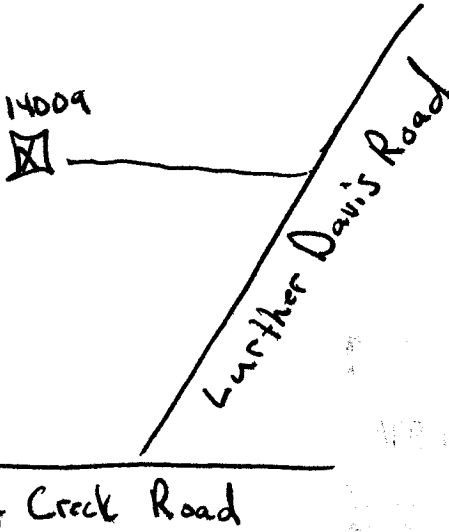
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
<u>Top sand</u>	<u>Ground level</u>	<u>10'</u>
<u>Clay</u>	<u>10'</u>	<u>12'</u>
<u>Sand</u>	<u>12'</u>	<u>32'</u>
<u>Clay</u>	<u>32'</u>	<u>42'</u>
<u>Clay</u>	<u>42'</u>	<u>57'</u>
<u>Sandy/clay strips</u>	<u>57'</u>	<u>68'</u>
<u>Rock</u>	<u>68'</u>	<u>78'</u>
<u>Clay</u>	<u>78'</u>	<u>98'</u>
<u>Clay</u>	<u>98'</u>	<u>100'</u>
<u>Sand</u>	<u>100'</u>	<u>148'</u>

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: Rolling Hills Ranch

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.

Michael S. Howard 673      03-02-2014      [Signature]  
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 #: D 164  
 Aquifer: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date completed: 02-16-2014  
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>Rolling Hills Ranch</u>	Latitude: <u>30°56'12.85"N</u> Longitude: <u>88°28'53.13"W</u>
Mailing Address: <u>152 Sandhill Conservatory Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> City <u>MS</u> State <u>39452</u> Zip Code	<u>NE 1/4 NE 1/4</u> , Sec <u>28</u> T <u>T15</u> R <u>R5W</u>
Telephone No. (____) _____	<u>6</u> Miles <u>East</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 2-16-2014      Rated Pump Capacity: 85 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: 5      Setting Depth: 146' feet    Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-16-2014      Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 92' Feet Below Land Surface      Pumping Water Level (B): 115' Feet Below Land Surface

Drawdown [(B) - (A)]: 23' Feet Below Land Surface      Test Pumping Rate: 76 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: 26 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 (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.

Michael S. Howard 0-673      3-02-2014      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer