

STATE WELL REPORT

82

County: Harrison
 Permit #: _____
 Driller: Lyman Well
 Date drilling completed: 10/2/2020

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: C 434
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Vicki Hatcherson</u>	Latitude: <u>30° 30' 25.54" N</u> Longitude: <u>-89° 6' 19.31" W</u>
Mailing Address: <u>16040 Frank Taylor Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saucier MS</u>	<u>NE NW 1/4 SW SE 1/4</u> , Sec <u>17</u> T <u>5 S</u> R <u>11 W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 870-0064</u>	

Well / Borehole Data

Date drilling started: 10/1/2020 Date drilling completed: 10/2/2020 Hole depth: 280 Hole diameter: 2 3/8

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: Bleach

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NA

Name of organization running log(s): NA

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) 10/2/2020

Static Water Level: 38' feet above or below land surface Date measured: _____
(check one)

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

Well depth: 280 Well grouted to a depth of: 15 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .006 inches Setting depth: From 270 feet to 280 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C 434
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Lyman Well
 Date completed: 10/2/2020
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>Vicki Hutcherson</u>	Latitude: <u>30°36'29.54"</u> Longitude: <u>89°06'19.31"W</u>
Mailing Address: <u>16040 Frank Taylor Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Saucier MS</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(228) 870-0064</u>	<u>NE 1/4 SW 1/4</u> Sec <u>17</u> T <u>55</u> R <u>11W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u> RECEIVED
Date Pump Installed: <u>10/2/2020</u>	Setting Depth: <u>80</u> OCT 14 2020 feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u> BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>46</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>8</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.

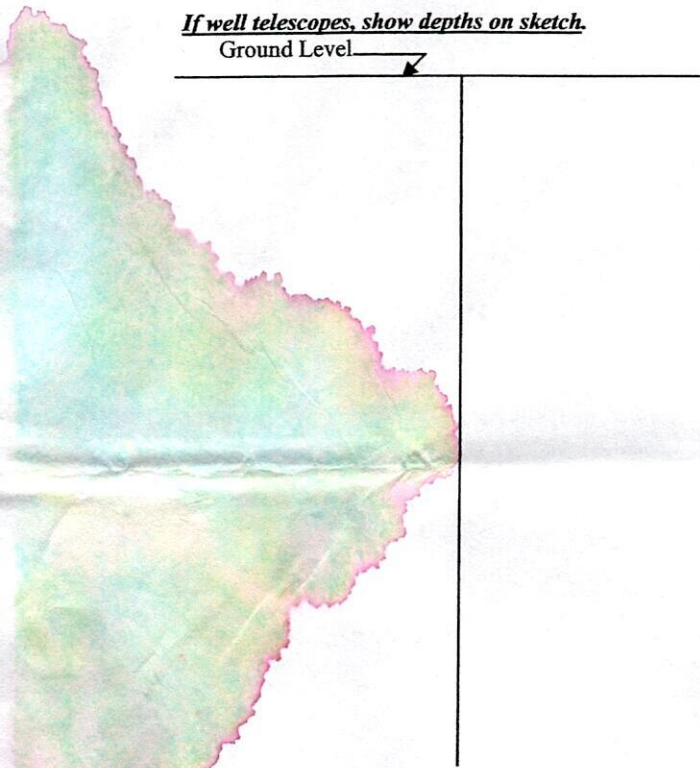
Josh Ladner 0-640 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



If more than one screen, show location of each 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 sand	Ground Level	20
white/grey clay	20	30
coarse sand	30	35
grey clay	35	40
grey clay	40	60
blue clay	60	80
blue clay	80	100
blue clay	100	160
sand	160	180
blue clay	180	200
fine sand	200	220
sand	220	240
clay sand streaks	240	260
sand	260	280

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) a north arrow.

see map

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Landowner Name: Vicki Hutcherson

Form: 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 laws.

Bosh Ladner 0-640 10/5/2020

Print Name of Responsible Licensee and License No.

Date

[Signature]
Signature of Licensee

Rd 516

F Taylor Rd

 HUTCHERSON WELL 30°36'25.54"N 89° 6'19.31"W

800 ft

