



# Received

MAR 21 2014

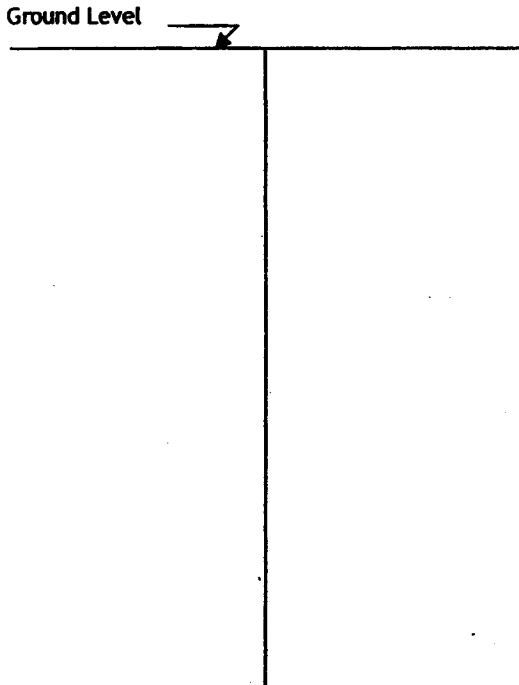
## BY OLWR

County: HARRISON  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: D 96

The sketch below only required for water wells

If well telescopes, show depths on sketch.



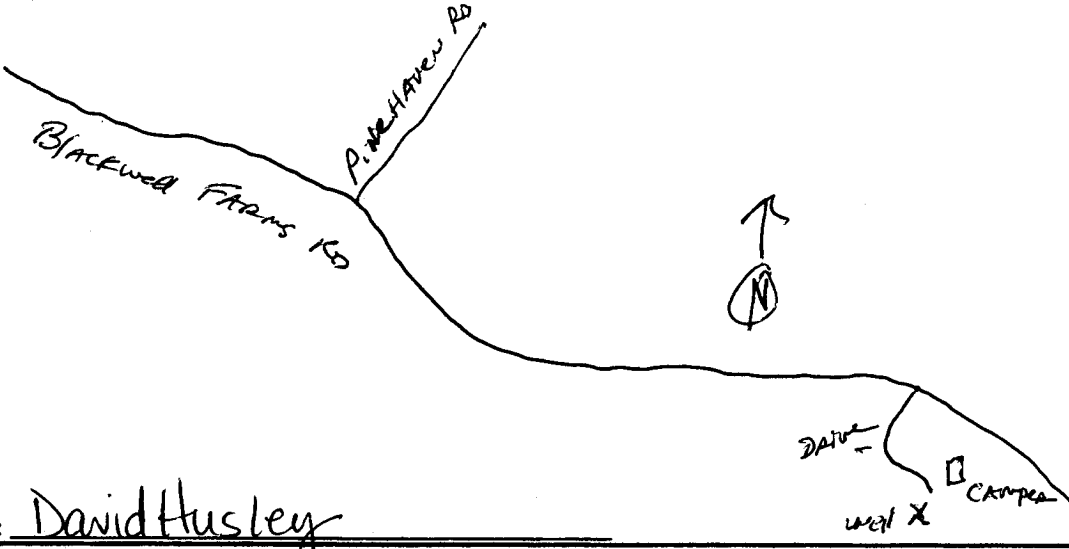
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Orange clay	2	50
Brown Coarse sand	50	65

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: David Husley

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 0-472 3/13/14

Jack Ridgell

Print Name of Responsible Licensee and License No. Date Signature of Licensee

MAR 21 2014

STATE WELL REPORT BY OLWR

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Inst Water Wells, Inc.  
 Date completed: 3-10-14  
 Copy information from block on Part 1

**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 96  
 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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>David Husley</u>		Latitude: <u>30° 36' 1.74"</u>	Longitude: <u>089° 01' 19.80"</u>
Mailing Address: <u>Blackwell Farm 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 39524</u>		<u>NE 1/4 NW 1/4, Sec 20-19 T. 5S R. 10 W</u>	
City State Zip Code		<u>7 3/4</u> Miles <u>EAST</u> of <u>SAUCIER</u>	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 263-3195</u>			

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 3-11-13 Rated Pump Capacity: \_\_\_\_\_ 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: 1HP Setting Depth: 40 FT feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 3-10-14 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 20 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.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of N/A 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): N/A  
 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 3/13/14 Jack Ridgell  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer