

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)

For Office Use Only:

Well #: D 97
Aquifer: _____
E-Log #: _____

Received

MAR 21 2014

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.

BY OLWR

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Carlos Hudson</u>	Latitude: <u>30°31'9.84"</u> Longitude: <u>089°01'25.38"</u>
Mailing Address: <u>21977 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 38574</u>	<u>NE 1/4 NE 1/4, Sec 19 T. 55 R. 10 W</u>
City State Zip Code	<u>7 1/2</u> Miles <u>ESE</u> of <u>Saucier</u>
Telephone No. <u>601 832-7741</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2-27-14</u> Date drilling completed: <u>2-27-14</u> Hole depth: <u>62 FT</u> Hole diameter: <u>2</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal per 1000 drilling 2 gal in well</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>48</u> feet [above or below] land surface (circle one) Date measured: _____
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>62 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>52</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>52</u> feet to <u>62</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input checked="" type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

MAR 21 2014

BY OLWR

For Office Use Only:

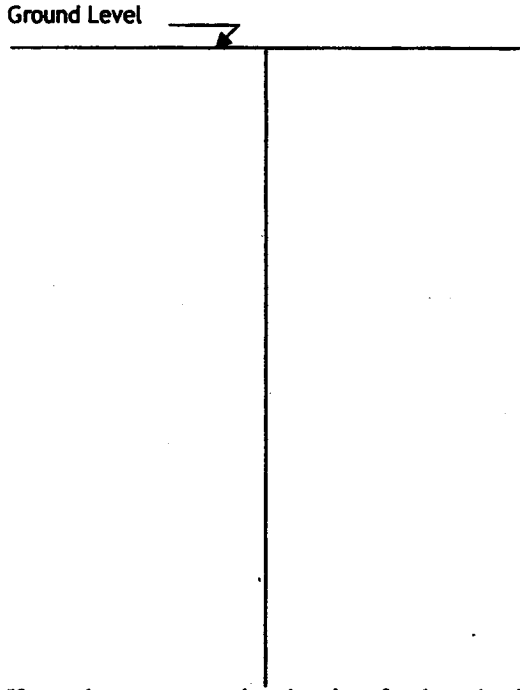
Well #: D 97

County: Harrison
 Permit #: _____

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

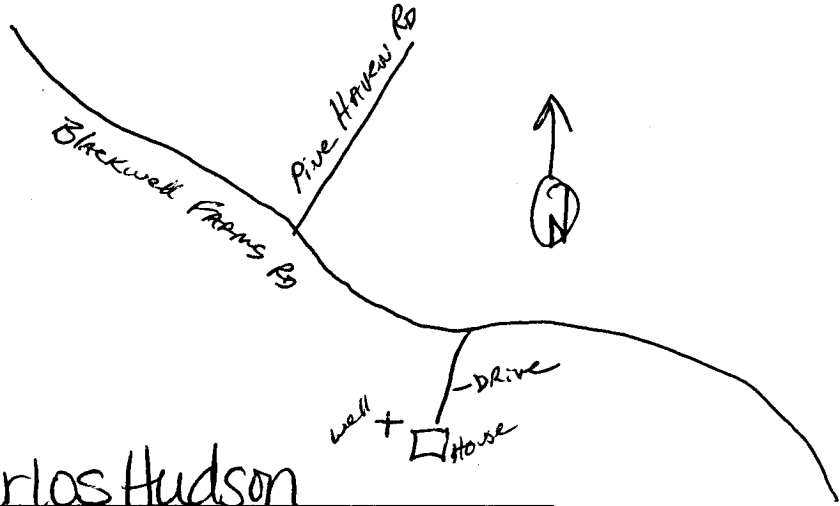


Description of Formations Encountered	From (depth)	To (depth)
Topsoil	Ground level	2
Orange Clay	20	40
Brown Coarse sand	40	62

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: Carlos Hudson

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 Riddell 0-472 2/28/14 Jack Riddell

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

MAR 21 2014

STATE WELL REPORT BY OLWR

County: Harrison
 Permit #: _____
 Driller: Const Water Well Serv.
 Date completed: 2-27-14
 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 97
 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.

Well Owner Information		Well Location	
Owner Name: <u>Carlos Hudson</u>		Latitude: <u>30° 36' 9.84"</u>	Longitude: <u>089° 01' 25.38"</u>
Mailing Address: <u>21977 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 39574</u>		<u>NE 1/4 NE 1/4, Sec 29 T. 5S R. 10W</u>	
City State Zip Code		<u>1 1/2 Miles EAST of Saucier</u>	
Telephone No. <u>208 832-7761</u>		(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 2-28-14 Rated Pump Capacity: 7 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement Existing

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1 HP Setting Depth: 50 FT feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: 2-28-14 Duration of Pump Test (minimum 4 hours): 4 1/2 hours
 Static Water Level (A): 48 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: 7 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: N/A 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.
Jack Ridgell 0-472 2/28/14 Jack Ridgell
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer