

County: Jackson
George
Permit #:
Driller: Pierce Well
Date drilling completed: 6/8/05

Well Driller Report and Well Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: L-131
L. S. Elevation: C151
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Chris Hudson</u>	Latitude: <u>30° 43' 36"</u> Longitude: <u>88° 36' 16"</u>
Mailing Address: <u>26451 Salem Campground Rd.</u> <u>Sucsdale MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>NW</u> USGS quad, Hand-held GPS, Survey-grade GPS ✓ <u>NE</u> 1/4 <u>SW</u> 1/4 Sec. <u>35</u> Twn <u>35</u> Rng <u>6W</u>
Telephone No. ()	Distance Direction Nearest Town <u>1/2</u> Miles <u>N</u> of <u>Jackson Co Line</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6/8/05 Date well drilling completed: 6/8/05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 3 feet above or below (circle one) land surface Date measured: 6/8/05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 300' Well depth: 300' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael Pierce 0296
Print Name of Water Well Contractor and License No.

Michael Pierce
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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JUN 27 2005
BY: OLWR

Jackson

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer:
Well #: 131
Elevation: 151

County: Gorge
Permit #:
Driller: Pierce Well
Date completed: 6/9/05

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information: Chris Hudson, Same, Jackson, MS, 39201
Well Location: 1/2 Miles N of Jackson Co Line

Pump Type: Jet
Power Type: Electric Motor
Date Pump Installed: 6/9/05
Rated Pump Capacity: 10 Gallons Per Minute
Setting Depth: 30 feet
Number of Stages: 2

Pump Test Data: Date Well Tested: 6/9/05
Static Water Level (A): 3 Feet Below Land Surface
Pumping Water Level (B): 10 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface
Test Pumping Rate: 10 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Pierce, Michael 0296
Print Name of Pump Installer and License No. (if applicable)

Michael Pierce
Signature of Pump Installer

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JUN 27 2005

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