county: Jackson
Permit #:
Driller COOST WATER WELL
Date drilling completed Uan 145KV

Well Owner Information

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 #:	L197			
Aquifer: _				
E-Log #:				

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 30° 28' 12.38 Longitude: 038' 33	<u>'822'</u>		
Owner Name: Thomas Ferguson, Jr.	Method of Lat/Long (check one): Conventional Sur	vey,		
Mailing Address: 9014 Graham Road	USGS quad, Hand-held GPS, Survey-grad	de GPS		
MDSG POINT, MS 39562 City State Zip Code Telephone No. (208) 219-6878	Swy 56 4, Sec 35 T 6 5 4 Miles No 27H of Moss Point (Distance) (Direction) (Nearest To	R 6 but		
Well / B	orehole Data			
Date drilling started 2714 Date drilling completed:	4/27/14 Hole depth: 360 FT Hole diameter:	2		
Location of the source of any surface water used for drilling	ng: N/A:	201: 101		
Method of dosing and volume of Chlorine used in drilling a	ind development: LGA FET 1000 DT III 179 2	<u> 1641 in lucii</u>		
Logs run (circle all applicable): No log run Electric Gamm	ma Ray Density Sonic Neutron Other:	·		
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechni	ical/Geological Investigation Ground Source Heat	Pump		
•	(describe)			
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): (Home) Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve				
Static Water Level: 30 feet [above or below (circle one)	w]land surface Date measured: 6-27-1	4		
Method of measurement (circle one): Steel tape Electric				
Well depth: 360 F Well grouted to a depth of: 10	- · · · · ·	ntonite Mix		
Casing length: <u>350</u> feet Casing diameter:				
Screen length:feet	inches Type of screen:			
Screen slot size: 1004 inches Setting depth	n: From 350 feet to 360	feet		
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Develo	ment		
Other (describe):		2 Section 1965 Section 19 19 19 19 19 19 19 19 19 19 19 19 19		
Top of lap pipe or reduction in casing:feet	one screen, describe on next page	JOE 8 T SOL		
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The sketch below only required for water wells If well telescopes, show deaths on sketch. Ground Level The sketch below only required for water wells If well telescopes, show deaths on sketch. Ground Level Description of formations encountered must be provided for all wells and brotholes, unless specifically excempted by regulations. Description of Formations Encountered From (depth) To (de	700600		<u> </u>	O.C. TI	
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If well telescopes, show depths on sketch. Ground Level Description of formations Encountered From (depth) To (depth) Orange Clay White Darse Sand Ground level Orange Clay Ground Level For Clay Ground Level Orange Clay Ground Level Ground Level Orange Clay Ground Level Grou	remit #:		well #:		
If more than one screen, show location of each on sketch Section to property layout and include the following: 1) the well location: 2) any power, power these, or other items that may aid in locating the property and the well 4) north arrow Landowner Name: HERERY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Health regulations,	The sketch below only required for water wells	Description of formation	ons encountered i	must be provided	for all wells
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requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations,	Landowner Name: IROMOS FERGUSON,	<u> </u>	 		
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JOCK Ridgaell 0-472 6/30/14 Jan Ritgalia			James	1 de gara	
Print Name of Responsible Licensee and License No. Date Signature of LiKensee Form: OLWR-SWR-1A (4/13	Print Name of Responsible Licensee and License No.	Date)	// Signature		SWR-14 (4/12)

STATE WELL REPORT

County: TOCKSOT Permit #: Driller: 000 WARTURISRV Date completed: Let 27 114 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land Water Resources

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well #:	L197		
Aquifer:			

(601) 360-0535 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1of the report must be attacked and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Latitude 30° 28' 22,38' Longitude: 088° 33' 8 2 Owner Name: Thomas Ferauson Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad, Hand-held GPS V., Survey-grade GPS SW 4 SF 4. Sec 35 T 65 R 6 W NORTHOR - MOSS POINT (Distance) (Nearest Town) (Direction) Telephone No. 🗹 Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): ____ Rated Pump Capacity: _____ Date Pumo Installed: (0) Repaired Replacement Is This Pump (circle one): / Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 50FT feet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): 4/2 hours Date Well Tested: 🗘 Pumping Water Level (B): VA Feet Below Land Surface Static Water Level (A): _30 Feet Below Land Surface Gallons Per Minute Test Pumping Rate: ____ Feet Below Land Surface Drawdown [(B) - (A)]: __ Method of measurement (circle one): Steel tape Electric tape(Air line) Other (describe): Pump Test Data for Flowing Well Measured shut in head: ___ feet after hours of pumping GPM with a drawdown of Well yielded_ Meter Installation Meter Serial Number: ____ Meter Manufacturer: Type of Meter:__ Meter Model Number/Name: _ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x /000, etc):_ Meter installed by: _ Installation Date: __ Replacement Is This Meter (circle one): Repaired 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 b	est of my knowle	dge.	i i
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Mrk Kidadell 0-472	W13917	Soul !	CIL ADECEVED
		Signature of Pu	
Print Name of Pump Installer and License No. (If applicable)	Date		
,		// For	rm: OLWR-SWR-18 (4/43)