

# STATE WELL REPORT

## Part I

### 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 #: 0607  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coastwaterwells  
Date drilling completed: 9-18-14

*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>Ft H Trucking, LLC</u>	Latitude: <u>30° 23' 38.46"</u> Longitude: <u>088° 40' 5.82"</u>
Mailing Address: <u>3601 Hwy 90</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Gautier, Ms 39553</u>	<u>SE 1/4 NE 1/4, Sec 34 T 7S R 7W</u>
City State Zip Code	<u>IN</u> Miles _____ of <u>Gautier</u>
Telephone No. <u>228 696-0570</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-18-14 Date drilling completed: 9-18-14 Hole depth: 269 FT Hole diameter: 2

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one)  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (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): Truck Wash area

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 25 feet [above or  below] land surface Date measured: 9-18-14  
(circle one)

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

Well depth 269 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length 259 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 259 feet to 269 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

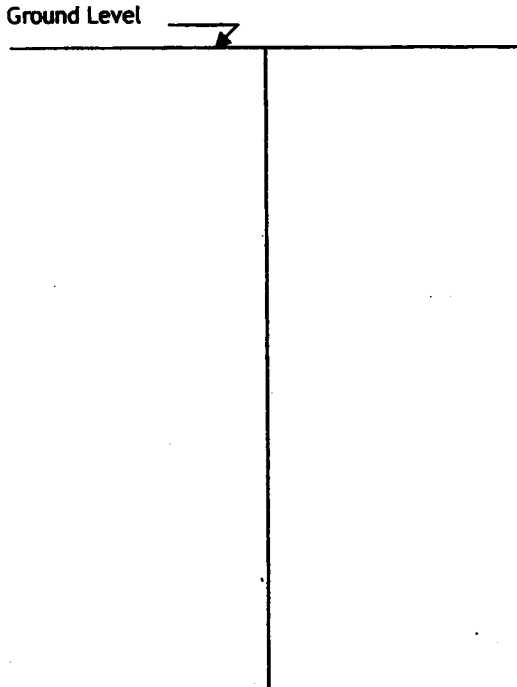
*If telescoped or more than one screen, describe on next page*

County: Jackson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 0607

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

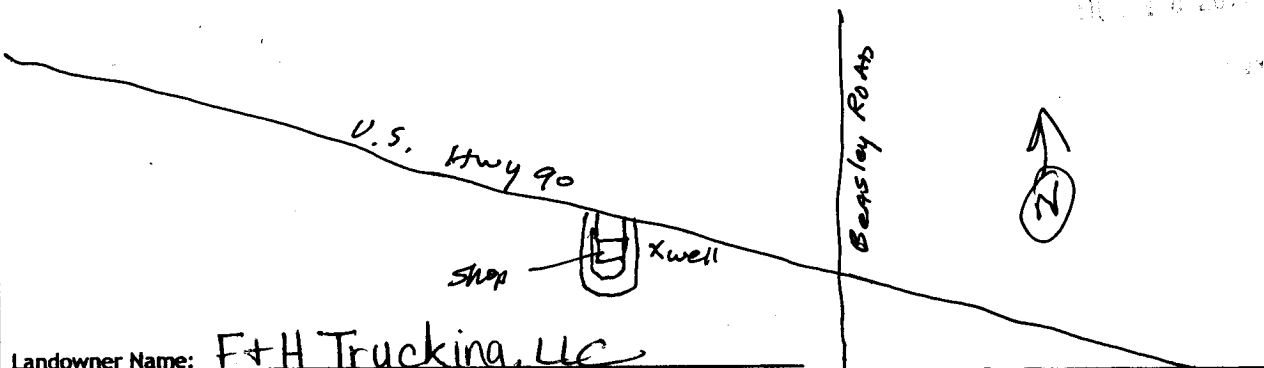
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
GRAY Clay w/ str. of sand	2	25
Blue Clay	25	160
Gray Fine sand	160	179
Blue Clay	179	200
Gray Medium to coarse sand	200	269

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: F+H Trucking, LLC

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 9/19/14 Jack Ridgell  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: JACKSON
Permit #:
Driller: Inst Water Well Svc.
Date completed: 9-18-14
Copy information from block on Part 1

For Office Use Only:
Well #: 0607
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: Owner Name: F+W Trucking, LLC; Mailing Address: 3601 Hwy 90; City: Gautier, MS 39553; Telephone No. 696-0570. Well Location: Latitude: 30° 23' 38.46"; Longitude: 088° 40' 5.82"; Method of Lat/Long: Conventional Survey; USGS quad: 5058 NE 1/4, Sec 34 T 7S R 7W; IN Miles of GAUTIER (Distance) (Direction) (Nearest Town)

Pump Type (circle one): Jet; Submersible Turbine Air Lift Centrifugal Flowing Well; Date Pump Installed: 9-19-14; Rated Pump Capacity: 10 Gallons Per Minute; Is This Pump (circle one): New

Power Type (circle one): Electric; Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):; Horse Power Rating of Motor: 1HP; Setting Depth: 40FT DP; Number of Stages: 2

Pump Test Data for Non Flowing Well: Date Well Tested: 9-19-14; Duration of Pump Test (minimum 4 hours): 4 hours; Static Water Level (A): 25 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: 10 Gallons Per Minute; Method of measurement (circle one): Air line

Pump Test Data for Flowing Well: Measured shut in head: feet; Well yielded GPM with a drawdown of 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; 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 Ridadell 0-472 9/19/14 Jack Ridadell
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer