

MS-20-88 08:88

FRESH LAND & WATER

881-384-6888

T-244 P.02

F-442

State Well Report

Part I - Driller's 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)

County: Rankin
 Permit #: _____
 Driller: Marvin Hubbard
 Date drilling completed: 12-16

For Office Use Only
 Aquifer: 72
 Well #: G-1000
 L. S. Revision: _____
 Logging #: _____

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.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Mr Pedersen
 Mailing Address: 224 Langford Farms Rd
Brandon Ms
Brandon Ms 39047
 City State Zip Code
 Telephone No. (601) 329-1553

Well or Borehole Location
 Latitude: 32-21-722 Longitude: 89-57-425
43 26
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad: 4404-1000 Survey-grade GPS
NW 1/4 Sec 14 Twp 6N Rng 3E
 Direction of Well: W of Ridge Land

Well / Borehole Data

Date drilling started: 12-15 Date drilling completed: 12-16 Hole depth: 200 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: _____
 Method of casing and volume of Chloride used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running logs: _____
 Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Helium Survey _____ Other (describe) _____
 (If drilling is not related to water well construction, file the remainder of this form)

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one): steel tape _____ electric tape _____ air line _____ other _____
 Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
 Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____
 Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
 Screen slot size: _____ 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 log pipe or reduction in casing: _____ feet (If increased or more than one screen, specify on next page)

APR-28-08 09:58 FROM LAND & WATER

801-454-0000

T-544 P.00

F-442

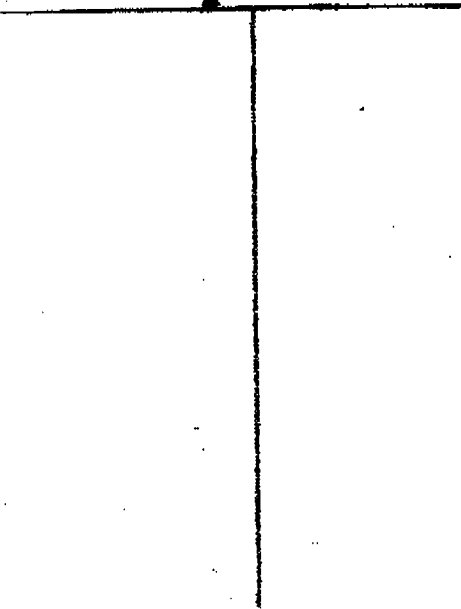
G-72

The sheet below only needed for water wells.

Description of formation encountered must be provided for all wells and borings, unless specifically exempted by regulations.

If well encounters show results on sketch:
Ground Level _____

Description of Formations Encountered	From (Depth)	To (Depth)
	Ground Level	
0-200	CLAY	



If more than one access, 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) a north arrow.

A	B	75.44	★
93	35	83.57	
99	50	97.73	
109	68		

Landowner Name: _____

Form: CLR-SWRI-1A

I 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.

Fred Danforth 8-69561 12-29-08
Print Name of Responsible Licensee and License No. Date

Fred Danforth
Signature of Licensee

APR-28-08 09:55

FROM-LAND & WATER

601-354-6938

T-844 P.02

F-442

County: Franklin Bankia
 Permit #: _____
 Driller: Marcel Hubbard
 Date drilling completed: 12-18

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only
 Aquifer: _____
 Well #: G-73
 I. S. Station: _____
 E-log #: _____

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.

Information on Well Owner (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Mr. G. Hubbard</u>		Latitude: <u>32-19-22</u>	Longitude: <u>89-57-20</u>
Mailing Address: <u>132 Ashley Drive</u>		Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>12</u>	
<u>Brandon MS</u>		USGS quad: <u>7</u> <u>22</u> <u>12</u> <u>12</u>	
City: _____ State: _____ Zip Code: <u>39042</u>		USGS quad: <u>7</u> <u>22</u> <u>12</u> <u>12</u>	
Telephone No. <u>(601)594-4258</u>		SE <u>1/4</u> NE <u>1/4</u> Sec <u>35</u> Twp <u>6 N</u> Rng <u>3 E</u>	
		Distance: <u>10</u> Miles Direction: <u>W</u> of <u>Ridge Land</u>	

Well / Borehole Data

Date drilling started: 12-18 Date drilling completed: 12-18 Hole depth: 200 Hole diameter: 4 1/4

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Log(s) run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Best Cement _____ Blastcrete _____ Mix _____

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ 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 reduced or more than one screen, describe at next page*

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FRANK LIND & SONS

001-254-2230

T-644 P 03

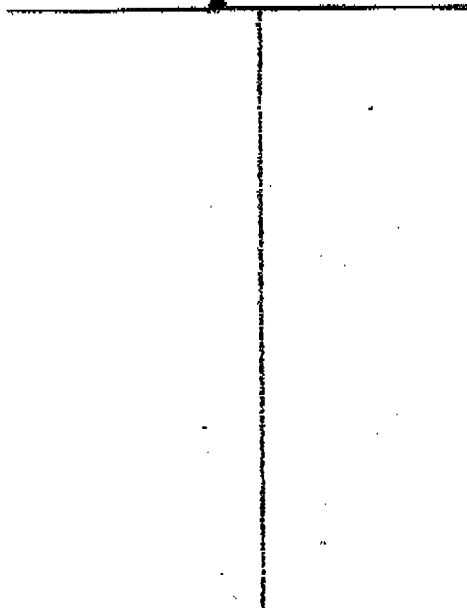
F-442

G-73

The sketch below only required for water wells.

If well intersects show depths on sketch.

Ground Level



Description of Formations encountered must be provided for all wells and cased wells. Indicate depth of formation and the formation name.

Formation of Formations Encountered	From (depth)	To (depth)
	Ground Level	
0-200	clay	

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) a north arrow.

A	B	A	B
14	38	24	30
22	54	36	53
36	72	50	71

Landowner Name: _____

Form OLWR-SWR-1A

I certify that the well/catchment 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.

Fred Danforth 0-69867 12-29-07
 Print Name of Responsible Licensee and License No. Date

Fred Danforth
 Signature of Licensee