

County: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 4-21-08

**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 39269-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Well #: B-87  
 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 <i>(Landowner if borehole is not for a water well)</i>		Well or Borehole Location	
Owner Name: <u>Myra Hall</u>		Latitude: <u>88 39 09.05</u>	Longitude: <u>90 58 18.11</u>
Mailing Address: <u>223-D CF, Eubank Rd</u>		Method of Lat/Long: <u>Hand-held GPS</u>	
<u>Lumbala MS 39452</u>		USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____	
City: <u>Lumbala</u> State: <u>MS</u> Zip Code: <u>39452</u>		NE SE NE SE	Sec: <u>14</u> Twp: <u>15N</u> Rng: <u>4W</u>
Telephone No: <u>601-947-1403</u>		Distance: <u>4</u> Miles	Direction: <u>NE</u> of Nearest Town: <u>Lumbala, MS</u>

**Well Borehole Data**

Date drilling started: 4-21- Date drilling completed: 4-21-08 Hole depth: 70 Hole diameter: 2

Location of the source of any surface water used for drilling: Agula, MS

Method of dosing and volume of Chlorine used in drilling and development: 4gal Chlorine 2000 water

Log 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  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: 5 feet above (or below) (circle one) land surface Date measured: 4-21-08

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: sch 40 Plast

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 70 feet (or 60 casing)

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 next page*


Form OLWR-SWR-1

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B-87

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level: 

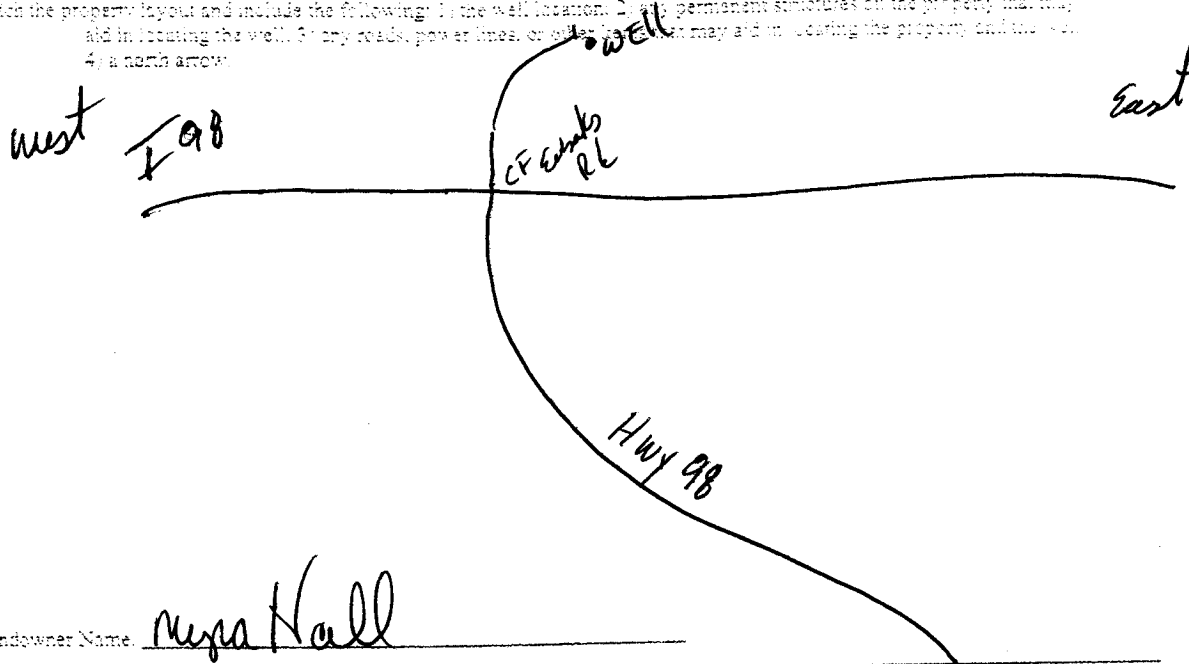
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation.

Description of Formations Encountered From 0 feet to 7 feet  
Ground Level.

Description of Formations Encountered	From 0 feet	To 7 feet
white sand	0	40
yellow clay	40	50
white sand	50	70

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 features that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Marya Hall

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.

Joel Pierce

0-780

4-21-09

Joel Pierce

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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)

County: Plaquemine  
 Permit #: 0-780  
 Driller: W. Joel Pierre  
 Date completed: 4-21-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-87  
 Elevation: \_\_\_\_\_

*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>Myra Hall</u>	Latitude: <u>88-37-091</u> Longitude: <u>30-58-181</u>
Mailing Address: <u>223-D</u> <u>CE Edwards Rd</u> <u>Lumbah ms 39452</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 14 T 15 R 7W</u>
Telephone No. <u>601 947-1403</u>	Distance Direction Nearest Town: <u>4</u> Miles <u>NE</u> of <u>Lumbah, ms</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<input type="radio"/> Piston	<input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>4-21-08</u>			Setting Depth: <u>40 ft level</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>4-21-08</u>	<input checked="" type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of		
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>48</u> hours			

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

Joel Pierre 0-780 Print Name of Pump Installer and License No. (if applicable)      Joel Pierre Signature of Pump Installer

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