

County: DeWitt County  
 Permit #: 0-780  
 Driller: W. Gael Pierce  
 Date drilling completed: 3-13-07

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

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A 35  
 L. S. Elevation: B96  
 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>Natural Consequences</u>	Latitude: <u>38° 43' 42"</u> Longitude: <u>30° 58' 42"</u>
Mailing Address: <u>Merrill Road</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>At Forks of River</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Luedah MS 39452</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>19</u> Twn <u>15</u> Rng <u>80</u>
City State Zip Code	<u>IR SW 18 7W</u>
Telephone No. <u>(601) 508-0991</u>	Distance <u>8</u> Miles <u>West</u> of <u>Luedah</u>

**Well / Borehole Data**

Date drilling started: 3-13 Date drilling completed: 3-13 Hole depth: 410 Hole diameter: 2

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

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

Logs 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 \_\_\_\_\_

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 run off to river Other (describe) \_\_\_\_\_

Static Water Level: 3 feet above or below (circle one) land surface Date measured: 3-13-07

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

Well depth: 410 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

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

Screen slot size: 6 inches Setting depth: From 400 feet to 410 feet  
400 casing 10 screen

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*

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A35  
B96

*The sketch below only required for water wells*

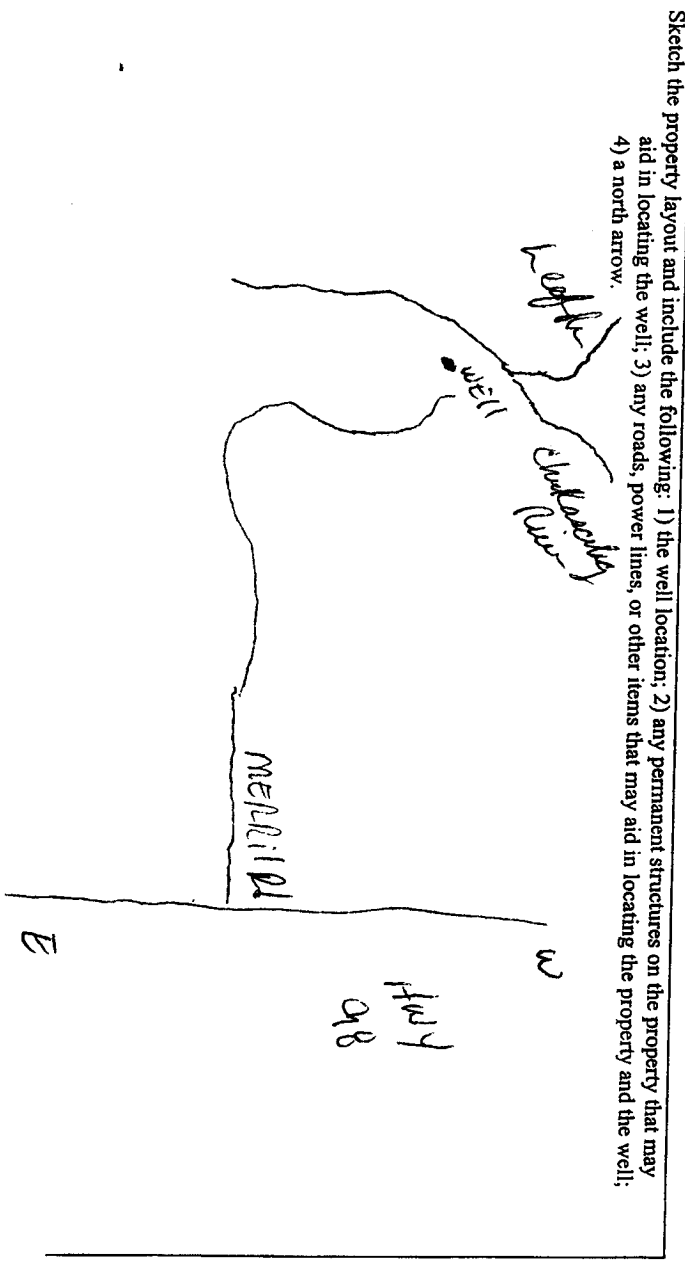
*If well telescopes, show depths on sketch.*

Ground Level →

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
white sand	0	40
green sand	40	910
rocks		

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.

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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: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 3-13-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: B96  
 Well #: A-85  
 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>Naturel Creuzeney</u>	Latitude: <u>88 43 42</u> Longitude: <u>30 - 59 - 702</u>
Mailing Address: <u>Merrill Road</u> <u>At Forks of River</u> <u>Lucedale MS 39452</u>	Method of Lat/Long (check one): Conventional Survey <u>42</u> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>5E</u> 1/4 <u>AW</u> 1/4 Sec <u>19</u> T <u>15</u> R <u>8W</u> Distance <u>1R SW</u> Direction <u>18</u> Nearest Town <u>7W</u> <u>8</u> Miles <u>WEST</u> of <u>LUCEDALE</u>
City _____ State _____ Zip Code _____	
Telephone No. <u>(601) 508-0991</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> <input checked="" type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 hp</u>
Date Pump Installed: <u>1/2hp shallow well pump</u>	Setting Depth: <u>Flows</u> ← feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>1</u> <u>TOP OF WELL HEAD</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-13-07</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>Flows</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NONE</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>NONE</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.

WALTER JOEL PIERCE 0-780 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer