

County: George County
 Permit #: 0-780
 Driller: W. Gael Pierce
 Date drilling completed: 10-13-07

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 #: D-120
 L. S. Elevation: _____
 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>Albert Reed</u>	Latitude: <u>88° 27' 748"</u> Longitude: <u>30° 56' 841"</u>
Mailing Address: <u>129 Loyd Embark Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>50</u>
<u>Lucedale ms 39452</u>	USGS quad: _____
City State Zip Code	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>22</u> Twn <u>15</u> Rng <u>5W</u>
Telephone No. <u>(601) 508-6630</u>	Distance <u>9</u> Miles Direction <u>NE</u> of Nearest Town <u>Lucedale, ms</u>

Well / Borehole Data

Date drilling started: 10-13 Date drilling completed: 10-13-07 Hole depth: 250 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquida, 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 _____ Other (describe) _____

Static Water Level: 5 feet above below (circle one) land surface Date measured: 10-13-07

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

Well depth: 250 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 2 inches Type of casing: 3ch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 3ch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 250 feet
10 screen 240 casing

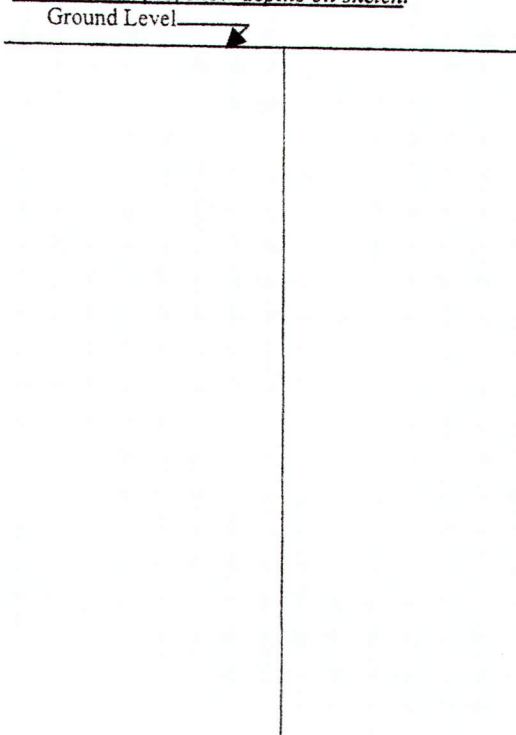
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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 Form: OLWR-SWR-1A

The sketch below only required for water wells

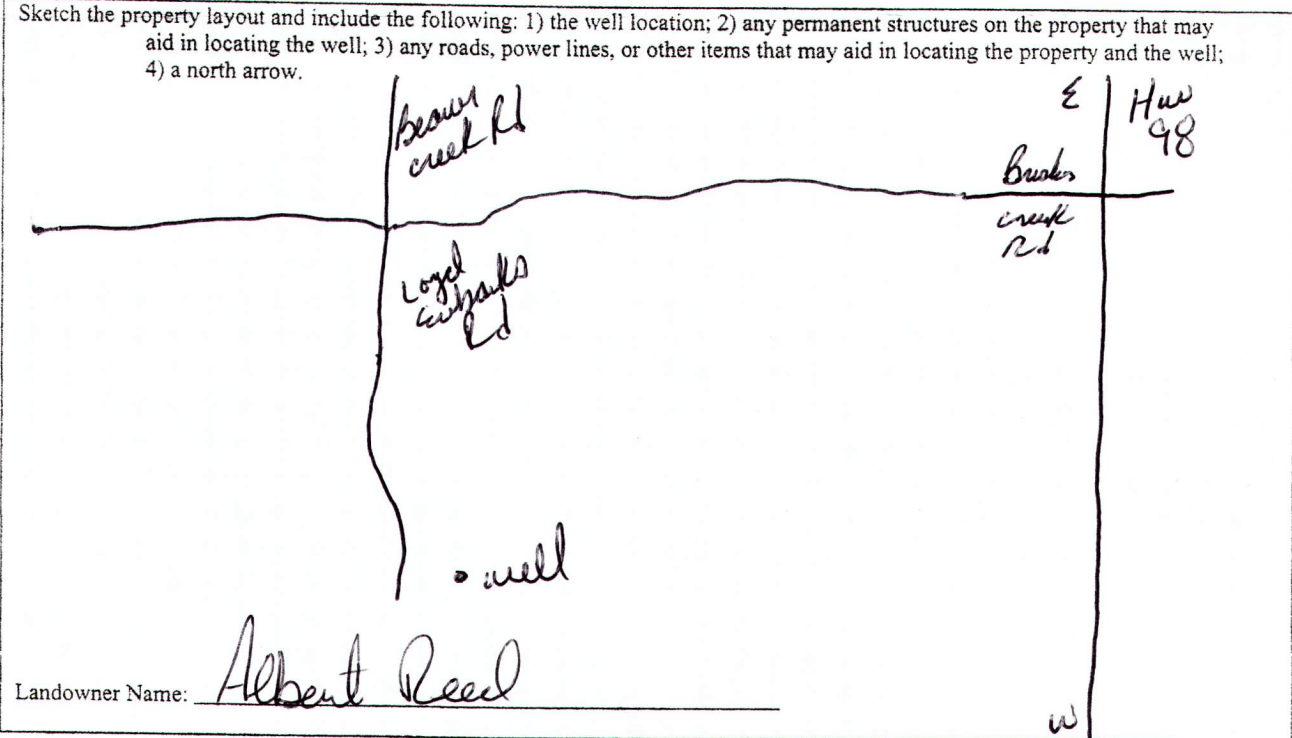
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red sand	0	20
yellow sand	20	60
Green clay	60	150
gray sand - Black rock	150	250

If more than one screen, show location of each on sketch



Form: OLWR-SWR-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.

Joel Pierr 0-780 10-13-07

Joel Pi RECEIVED OCT 31 2007

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

BY: OLWR

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: DeSoto
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 10-13-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-120
 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>Albert Reed</u>	Latitude: <u>88-27-748</u> Longitude: <u>30-56-841</u>
Mailing Address: <u>129 Lloyd Embark Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbola ms 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 22 T 15 R 5W</u>
Telephone No. <u>(601) 508-6630</u>	Distance Direction Nearest Town
	<u>9 Miles NE of Lumbola, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> 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>2hp</u>
Date Pump Installed: <u>10-13-07</u>	Setting Depth: <u>100 FT</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-07</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>100</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 Pierce 0-780 Joel Pierce
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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