County: George
Permit #:
Driller: Midral S. Haserd
Date drilling completed: \$-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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 #:		
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.

Department at the above address within 30 days of comp		
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	2	
Owner Name Helen Pacc	Latitude: 30 ° 54 ' 18 " Longitude: 88 ° 29 ' (23 " 38"	
Mailing Address: P.O. Box 944	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
/	<u>SW ¼ SW ¼ Sec</u> 33 Twn <u>πs</u> Rng R5 ω	
Semons 191 36575		
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (251) 377-1391	5.5 Miles East of Lucidale	
Telephone No. (131)		
Well / Bore	holo Doto	
Wen / Bore	note Data	
Date drilling started: 5.28-09 Date drilling completed: 5.28-	69 Hole depth: 55 ' Hole diameter: 7.5"	
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and development	opment:	
si acong ana relative er emerme aces in ariting and aces.	,	
Logs run (circle all applicable): log run Electric Gamma Ray Density Senic Neutron Other:		
Purpose of borehole (check one): Water Well_X Geotechnical/Geole	opical Investigation Chaund Source Heat Dumn	
ruipose oi borenoie (check one). Water wen Geotechinean/Geote	ogical investigation Ground Source Heat Pump	
Seismic Survey Other (describe)		
If drilling is not related to water well construction	n, skin the remainder of this block	
	sup me issuance of me occur	
Purpose of Well (check one): Home X Industrial Public Supply	Irrigation Fish Culture Other:	
If a flowing well, method of flow regulation: Valve Or	ther (describe)	
Static Water Level:		
Method of Measurement (circle one) steel tape electric tape	air line other:	
Well depth: 55 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 45 feet Casing diameter: 4 inches Type of casing: 570 SE		
Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PUC		
Screen slot size:,O\Oinches Setting depth: Fromfeet_tofeet_		
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet. If teld	escoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A

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BY: OLWR

The sketch below only required for water wells	Description of formations encountered			
	wells and boreholes, unless specifical	ly exempted by regulations		
If well telescopes, show depths on sketch.				
Ground Level	Description of Formations Encountered	From (depth)	To (depth)	
Ground Bever	Topsand	Ground Level		
		5	13	
		13	12	
	Clay		12 18 35 55	
	sand (Ging med)	18	33	
	sand (mid)	35	72	
	•			
:				
			_	
			 	
		_		
			-	

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) a north arrow.	on the property that may the property and the well;
House House Sumerall Lane	Muscll [
Hwy 98-E	House
Landowner Name: Helen Pace	Farm OLWID SWID 1

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.

Print Name of Responsible Licensee and License No.

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BY: OLWR

STATE WELL REPORT

County: George Permit #: Driller: M: Date completed: 5-38-0 Copy information from block on Part 1

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)

For Office Use Only:			
Aquifer:			
Well #:	D144		
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 a	t the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Helen Pace Mailing Address: P.O. Box 944 Semmes Al 3695 City State Zip Code	Latitude: N 30°54. Longitude: N 88°29. Longitude: N 38°29. Longitu
Telephone No. (251) 377-1311	5.5 Miles Ess of Lucedal
Dunn Tuna	Power Type
Pump Type Circle one	Circle one
Air Lift let Submersible	Diesel Engine Gasoline Engine Natural Gas

	Pump Typ Circle on			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratir	ng of Motor:	
Date Pump Installed:	5-29-0	9	Setting Depth:	55	feet
Rated Pump Capacity	19	Gallons Per Minute	Number of Stages:	9	··

Pump Test Data Method of Measuring Water Level Circle one 5-29-09 Date Well Tested: Electric Measuring Line Steel Tape Air Line Static Water Level (A): __ Feet Below Land Surface Other (specify): Pumping Water Level (B): 33 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: ____ 30 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute Well yielded __hours of pumping Duration of Pump Test (minimum 4 hours): _________

I HEREBY CERTIFY that the above statements are true to the bes	t of my knowledge.
Michael S. Havard 0-673	Mill. #1
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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