

State Well Report

Part 1

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 #: E-88
L. S. Elevation:
E-log #:

County: George
Permit #:
Driller: Pierce
Date drilling completed: 5-8-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information: Vickie Couart, Deep Creek Rd, Berwindale Ms. Well Location: Latitude: 30° 53' 02", Longitude: 88° 49' 21". Method of Lat/Long: Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS. SE 1/4 SW 1/4 Sec 7, Twn 25, Rng 8W. Distance 3 Miles, Direction E, Nearest Town Stone Coline.

Well Data: Purpose of Well (Home), Date well drilling started: 5-8-05, Date well drilling completed: 5-8-05, Static Water Level: 35 feet above of below land surface, Date measured: 5-8-05, Method of Measurement (air line), Hole depth: 60, Well depth: 60, Well grouted to a depth of 15 feet, Type of grout (Mix), Casing length: 50 feet, Casing diameter: 2 inches, Type of casing: plastic, Screen length: 10 feet, Screen diameter: 2 inches, Type of screen: plastic, Screen slot size: 006 inches, Setting depth: From feet to feet, Type of completion (Natural Development), Top of lap pipe or reduction in casing: feet, Logs run (No log run).

Name of organization running log(s):
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.
Michael Pierce 0296
Signature of Water Well Contractor

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BY: OLWR

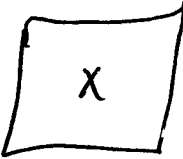
E-88

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| top soil | 0 | 10 |
| Clay | 10 | 35 |
| good sand | 35 | 60 |
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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) indicate direction.



Landowner Name:

Vickie Couart

Michael Purie

Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: **E-88**

Elevation: _____

County: **George**

Permit #: _____

Driller: **Pierce**

Date completed: **5-9-05**

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: Vickie Cowart | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ | Method of Lat/Long (circle one): Conventional Survey |
| same | USGS quad, Hand-held GPS, Survey grade GPS |
| City: _____ State: _____ Zip Code: _____ | SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec: 7 Twn: 2S Rng: 8W |
| Telephone No. (_____) _____ | Distance _____ Miles Direction _____ Nearest Town _____ |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| <input checked="" type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ | <input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: 1 |
| Date Pump Installed: 5-9-05 | Setting Depth: 45 feet |
| Rated Pump Capacity: 10 Gallons Per Minute | Number of Stages: 2 |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: 5-9-05 | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): 35 Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): 40 Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: 5 Feet Below Land Surface | Well yielded 10 GPM with a drawdown of |
| Test Pumping Rate: 10 Gallons Per Minute | 5 feet after 4 hours of pumping |
| Duration of Pump Test (minimum 4 hours): 4 hours | |

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

Michael Pierce 0296
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce
 Signature of Pump Installer

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 MAY 25 2005
 BY: OLWR