

County: Dezade  
 Permit #: 0-780  
 Driller: W. Gael Pierce  
 Date drilling completed: 10-25-07

### 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 #: E-109  
 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>Christina Rivera</u>	Latitude: <u>88° 49' 36.3"</u> Longitude: <u>30° 52' 41.8"</u>
Mailing Address: <u>Bytner Family Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Lucedale MS 39452</u>	USGS quad: <u>NE 1/4 NE 1/4 Sec 18 Twn 25 Rng 8W</u>
City State Zip Code	Distance: <u>7</u> Miles Direction: <u>west</u> of Nearest Town: <u>Lucedale, MS</u>
Telephone No. ( <del>301</del> ) <del>221</del> <u>601 508-2821</u>	
Well / Borehole Data	
Date drilling started: <u>10-25</u> Date drilling completed: <u>10-25-07</u> Hole depth: <u>100</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Aquifer, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>used chlorine 2000 water</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>2</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>10-25-07</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>90</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Plastic</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 80 11</u>	
Screen slot size: <u>6</u> inches Setting depth: From <u>0</u> feet to <u>100</u> feet <u>10 screen 90 casing</u>	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

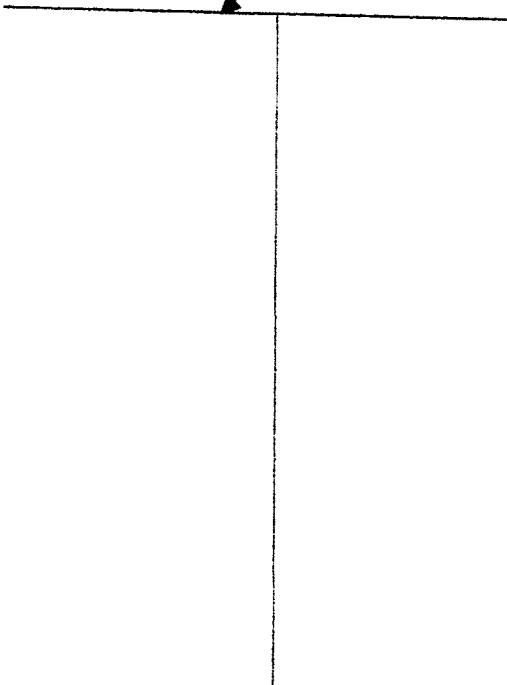
Form: OLWR-SWR-1A

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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	10
yellow clay	10	15
white sand	15	90
Rocky grey sand	90	100

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.

Landowner Name: Christina Riera

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.

Joell Riera      8-780      10-25-07      Joell Riera      **RECEIVED**  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee      OCT 31 2007  
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: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 10-25-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-109  
 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>Cristina Rivera</u>	Latitude: <u>88-49-369</u> Longitude: <u>30-52-418</u>
Mailing Address: <u>Bayther Family Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 18 T 25 R 8W</u>
Telephone No. <u>(601) 508-2821</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>west</u> of <u>Lucedale, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> <u>Jet</u> <input type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>10-25-07</u>	Setting Depth: <u>40 set line</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>10-25-07</u>	<u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40 FT</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</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>3</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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