

County: George
Permit #: _____
Driller: _____
Date drilling completed: 11-26-04

Well Driller Report and Well 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 #: G-123 39
L. S. Elevation: _____
E-log #: _____

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	Well Location
Owner Name: <u>Betsy Rose Smith</u>	Latitude: <u>30° 49' 46"</u> Longitude: <u>88° 33' 35"</u>
Mailing Address: <u>Gavin Churchwell Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>huedale, M 39452</u>	<u>NE 1/4 SW 1/4 Sec 35 Twn 2S Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-1149</u>	<u>4</u> Miles <u>NW</u> of <u>Agricola</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-26-04</u>	Date well drilling completed: <u>11-26-04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>16</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>11-26-04</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>30'</u>	Well depth: <u>30</u> Well grouted to a depth of <u>15</u> feet
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>25</u> feet	Casing diameter: <u>2"</u> inches Type of casing: <u>plastic</u>
Screen length: <u>5</u> feet	Screen diameter: <u>2"</u> inches Type of screen: <u>plastic</u>
Screen slot size: <u>006</u> inches	Setting depth: From <u>25</u> feet to <u>30</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
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 02916
Print Name of Water Well Contractor and License No.

Michael Pierce
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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Ground Level **G-123**

Description of Formations Encountered

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

Michael Perie
Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: George

Permit #:

Driller: Prince Water Well DrillingDate completed: 11-27-04

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For Office Use Only:

Aquifer:

Well #:

Elevation:

G-123

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This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information

Owner Name: Betsy Rose Smith

Mailing Address: _____

City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 35 Twn 25 Rng 6W

Distance Direction Nearest Town

4 Miles NW of AgricolaPump Type
Circle oneAir Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11-27-04Rated Pump Capacity: 10 Gallons Per MinutePower Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1Setting Depth: 25 feetNumber of Stages: 2

Pump Test Data

Date Well Tested: 11-27-04Static Water Level (A): 16 Feet Below Land SurfacePumping Water Level (B): 20 Feet Below Land SurfaceDrawdown [(B) - (A)]: 4' Feet Below Land SurfaceTest Pumping Rate: 10 Gallons Per MinuteDuration of Pump Test (minimum 4 hours): 4 hoursMethod of Measuring Water Level
Circle oneAir Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 8 GPM with a drawdown of5 feet after 4 hours of pumping

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

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

Michael Prince
Signature of Pump Installer

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DEC 08 2004

BY: OLWR