

County: George
 Permit #: _____
 Driller: Pierce Water Well Drilling
 Date drilling completed: 11-17-04

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-124
 L. S. Elevation: _____
 E-log #: _____

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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>Craig Vincent</u>	Latitude: <u>30° 50' 01"</u> Longitude: <u>88° 33' 31"</u>
Mailing Address: <u>Gavin Churchwell Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Lucedale MS 39452</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>35</u> Twn <u>25</u> Rng <u>6W</u>
Telephone No. (<u>947</u> - <u>7462</u>)	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Agricola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11-17-04 Date well drilling completed: Same

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 90 feet above or below (circle one) land surface Date measured: Same

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

Hole depth: 285' Well depth: 285 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 275 feet Casing diameter: 4" inches Type of casing: plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From 275 feet to 285 feet

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 back of page

Logs run (circle all applicable): No log run 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 0296
 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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 DEC 08 2004
 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: George
 Permit #: _____
 Driller: Pierce Water Well Drilling
 Date completed: 11-18-04

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 Office of Land and Water Resources
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 Jackson, MS 39289-0631
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For Office Use Only:
 Aquifer: _____
 Well #: G-124
 Elevation: _____

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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	Well Location
Owner Name: <u>Craig Vincent</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>Same</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>30</u> Twn <u>25</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>NW</u> of <u>Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> <u>Electric Motor</u> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Other (specify): _____	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>150</u> feet Number of Stages: <u>6</u>
Date Pump Installed: <u>11-18-04</u>	
Rated Pump Capacity: <u>50</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> 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) Signature of Pump Installer

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 DEC 08 2004
 BY: OLWR