County: George	039
Permit #:	
Driller: Pierce Wel	
Date drilling completed:	-08-05

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 - 127		
L. S. Elevation:		
E-log #:		

Prierce Water Well Drilling

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 Kyle Mc Caskey	Latitude: 30 °51 '24" Longitude: 88 ° 33 '55"		
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
hucedale, MS 39452 City State Zip Code	NE 1/4 Sec 22 Twn 25 Rng 6 @		
Telephone No. ()	Distance Direction Nearest Town 4 Miles 5 of Lucedale by Hwy 613		
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
·			
Date well drilling started: D1-08-05 Date	te well drilling completed:		
If flowing, method of flow regulation: Valve Other			
Static Water Level:feet above or below circle on	e) land surface Date measured: 01-08-05		
Method of Measurement (circle one) steel tape electric ta	pe air line other:		
Hole depth: 93' Well depth: 93'			
Type of grout (circle one): Cement Bentonite	ix)		
Casing length: 73 feet - Casing diameter: 4 inches Type of casing: plastic			
Screen length: 20 feet Screen diameter: 4 inches Type of screen: plastic			
$\alpha \alpha / \alpha$	feet tofeet		
Type of completion (circle all applicable): Gravel packed Une	derreamed 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 michael Principal Principal			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

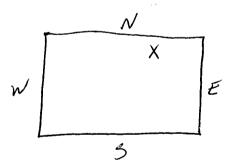
JAN 2-0 2005

Ground Level	G-1	27	

Description of Formations Encountered	From	То
Top Soil	0	10
Clay	10	35
Sand	35	45
Clay	65	93
4 and Sand		
J		
•		
	· · · · · · · · · · · · · · · · · · ·	
		
		i

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.



Signature of Water Well Contractor

County: Depth of the County: Driller: Plence Well Date completed: 01-09-05

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

ackson, MS 39289-063 (601)961-5210 (601)354-6938 (fax)

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

mistanation of pump. A copy of Part 1 of this report int		
Well Owner Information	Well Location	
Owner Name: Kyle Mc Caskey	Latitude: Longitude:	
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Lucedale Ms 39452	NE 1/4 SE 1/4 Sec 22 Twn 25 Rng 6W	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	4 Miles 5 of Lucidale on 613 Hours	
Pump Type	Power Type	
Circle one	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 Rating of Motor:	
Date Pump Installed: 01-09-05	Setting Depth:feet	
Rated Pump Capacity:	Number of Stages;	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 1-9-05		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): 6 Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 100 Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Michael Pierce 0296 michael Rieue RECEIVED		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer JAN 2 0 2005	