

State Well Report

Part I

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-132
L. S. Elevation: _____
E-log #: _____

County: George 039
Permit #: _____
Driller: Pierce Well
Date drilling completed: 3-26-05

Pierce 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: <u>Coaches Foliage</u>	Latitude: <u>30° 50' 36"</u> Longitude: <u>88° 32' 21"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale Ms</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 25 Twn 25 Rng 6W</u>
Telephone No. (____) _____	Distance <u>5</u> Miles Direction <u>SE</u> of Nearest Town <u>Lucedale</u>

Well Data

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

Date well drilling started: 3-26-05 Date well drilling completed: 3-26-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-26-05

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: plastic

Screen length: 20 feet Screen diameter: 4 inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From _____ feet to _____ 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.

Pierce Michael 0296

Michael Pierce

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

Ground Level

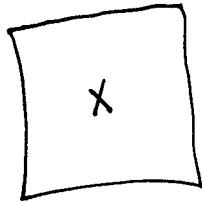
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	10
Clay	10	30
sand	30	60
Clay	60	80
good sand	80	130

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: Coaches Foliage

Michael Perie
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 #: G-132

Elevation: _____

County: George

Permit #: _____

Driller: Pierce Well

Date completed: 3-28-05

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: <u>Coaches Foliage</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>SW</u> ¼ Sec <u>25</u> Twn <u>28</u> Rng <u>6W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>SE</u> of <u>Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-28-05</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-28</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>10</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 02906
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce
 Signature of Pump Installer

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APR 06 2005

BY: OLWR