

County: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 3-20-07

**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 #: G-149  
 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>Thomas Smith</u>	Latitude: <u>33° 33' 65.0"</u> Longitude: <u>30° 50' 37.3"</u>
Mailing Address: <u>Davin Churchwell Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>22</u>
<u>Lucedale MS 39452</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>AE</u> 1/4 Sec <u>26</u> Twn <u>25</u> Rng <u>6W</u>
Telephone No. <u>(601) 673-0097</u>	Distance <u>6</u> Miles Direction <u>South</u> of Nearest Town <u>Lucedale</u>

**Well / Borehole Data**

Date drilling started: 3-20-07 Date drilling completed: 3-20-07 Hole depth: 50 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer, MS

Method of dosing and volume of Chlorine used in drilling and development: 4 gal chlon 2000 water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 3-20-07

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

Well depth: 50 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 11

Screen slot size: 8 inches Setting depth: From 0 feet to 50 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 next page*

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# 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 county  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 3-20-07  
Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-149  
 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>Thomas Smith</u>	Latitude: <u>88-33-650</u> Longitude: <u>30-50-373</u>
Mailing Address: <u>Main Marshall Rd</u>	Method of Lat/Long (check one): Conventional Survey <u>22</u>
<u>Lumbard MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 26 T 25 R 6W</u>
Telephone No. <u>(601) 673-0097</u>	Distance Direction Nearest Town <u>6 Miles South of Lumbard</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-20-07</u>	Setting Depth: <u>40 jet line</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-20-07</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</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 Walter Holt  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 0149  
 Elevation: \_\_\_\_\_

County: George  
 Permit #: 0-780  
 Driller: J. Pierre  
 Date completed: 1-13-14  
*Copy information from block on Part 1*

*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>Thomas Smith</u>	<u>30-50-23</u> Well Location <u>03-34-6</u>
Mailing Address: <u>111 Gavin Church</u>	Latitude: _____ Longitude: _____
<u>Cucadale</u> <u>MS</u> <u>39452</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 947-4593</u>	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>26</u> T <u>25</u> R <u>5W</u>
	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Aquila, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" 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>10 hp</u>
Date Pump Installed: _____	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>20 Stages</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	<b>Air Line</b> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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>250</u> GPM with a drawdown of
Test Pumping Rate: <u>250</u> Gallons Per Minute	<u>10</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

This is for (circle one):    New Well    **Replacement of Existing Pump**    Repair of Existing Pump

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

Joel Pierre    0-780    Joel Pierre  
 Print Name of Pump Installer and License No. (if applicable)    Signature of Pump Installer

**BY: OLWR**