

County: George  
 Permit #: 0-780  
 Driller: Joel Poir  
 Date drilling completed: 5-15-10

**State Well Report**  
 Part 1 - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Assessor: G 179  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Transportation Technology</u>	Latitude: <u>30° 51' 42" N</u> Longitude: <u>88° 36' 41" W</u>
Mailing Address: <u> Hwy 63 North</u>	Method of Lat Long (circle one): <u>Conventional Survey</u>
<u>Cumulative MS</u>	SW USGS quad. <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 Sec 20</u> Twn <u>25</u> Rng <u>6W</u>
Telephone No. <u>(601) 947-9200</u>	Distance: <u>3</u> Miles Direction: <u>South</u> Nearest Town: <u>Cumulative</u>

**Well / Borehole Data**

Date drilling started: 5-15-10 Date drilling completed: 5-15-10 Hole depth: 110 Hole diameter: 2

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

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 49 gal chlor

Logs run (circle all applicable): No log run Electric Gamma Ray Density Seismic 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: 5

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: Sch 40 Plast

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plast

Screen slot size: 10 inches Setting depth: From 0 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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# STATE WELL REPORT

6179

## 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 #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: DeSoto  
Permit #: 0-780  
Driller: Joel Pira  
Date completed: 5-15-10  
*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>Transportation Tech</u>	Latitude: <u>30-51-694</u> Longitude: <u>88-36-694</u>
Mailing Address: <u>High 63 North</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Lumbard MS 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 18 T 25 R 6W</u>
Telephone No. <u>(601) 947-9800</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>South</u> of <u>Lumbard, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-15-10</u>	Setting Depth: <u>80 ft line</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-15-10</u>	<input checked="" type="checkbox"/> 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>80</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</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 Pira 0-780  
Print Name of Pump Installer and License No. (if applicable)

Joel Pira  
Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)