

State Well Report

Part 1 - Driller's Log

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)

County DeSoto
Permit #: 0-780
Driller: J. Pinnel
Date drilling completed: 11-9-12

For Office Use Only:
Aquifer: _____
Well #: 6194
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) Owner Name: <u>Pierce Farms</u> Mailing Address: <u>134 Ward Pineum Rd</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>334 218-6900</u>	Well or Borehole Location Latitude: <u>30° 53' 609³⁶"</u> Longitude: <u>88° 32' 357²¹"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 12 Twn 25 Rng 6W</u> Distance <u>6</u> Miles Direction <u>NE</u> of <u>Agona, MS</u>
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Well / Borehole Data
Date drilling started: 11-9-12 Date drilling completed: 11-9-12 Hole depth: 130 Hole diameter: 2
Location of the source of any surface water used for drilling: Agona, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine
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: 11-9-12
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 120 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic
Screen slot size: 10 inches Setting depth: From 0 feet to 130 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*

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

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BY: [Signature]

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 #: G194

Elevation: _____

County: DeWitt
 Permit #: 0-780
 Driller: J. Pierce
 Date completed: 11-9-12
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

Owner Name: Pierce Farms
 Mailing Address: 134 Ward Road
Woodstock, MS 39452
 City State Zip Code
 Telephone No. 374 218-6900

Well Location

Latitude: 30-57-609 Longitude: 88-32-357
 Method of Lat Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
NE NE Sec 12 T 25 R 6W
 Distance Direction Nearest Town
6 Miles NE of Aquila, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-9-12
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 60 ft line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 11-9-12
 Static Water Level (A): 5 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level
Circle one

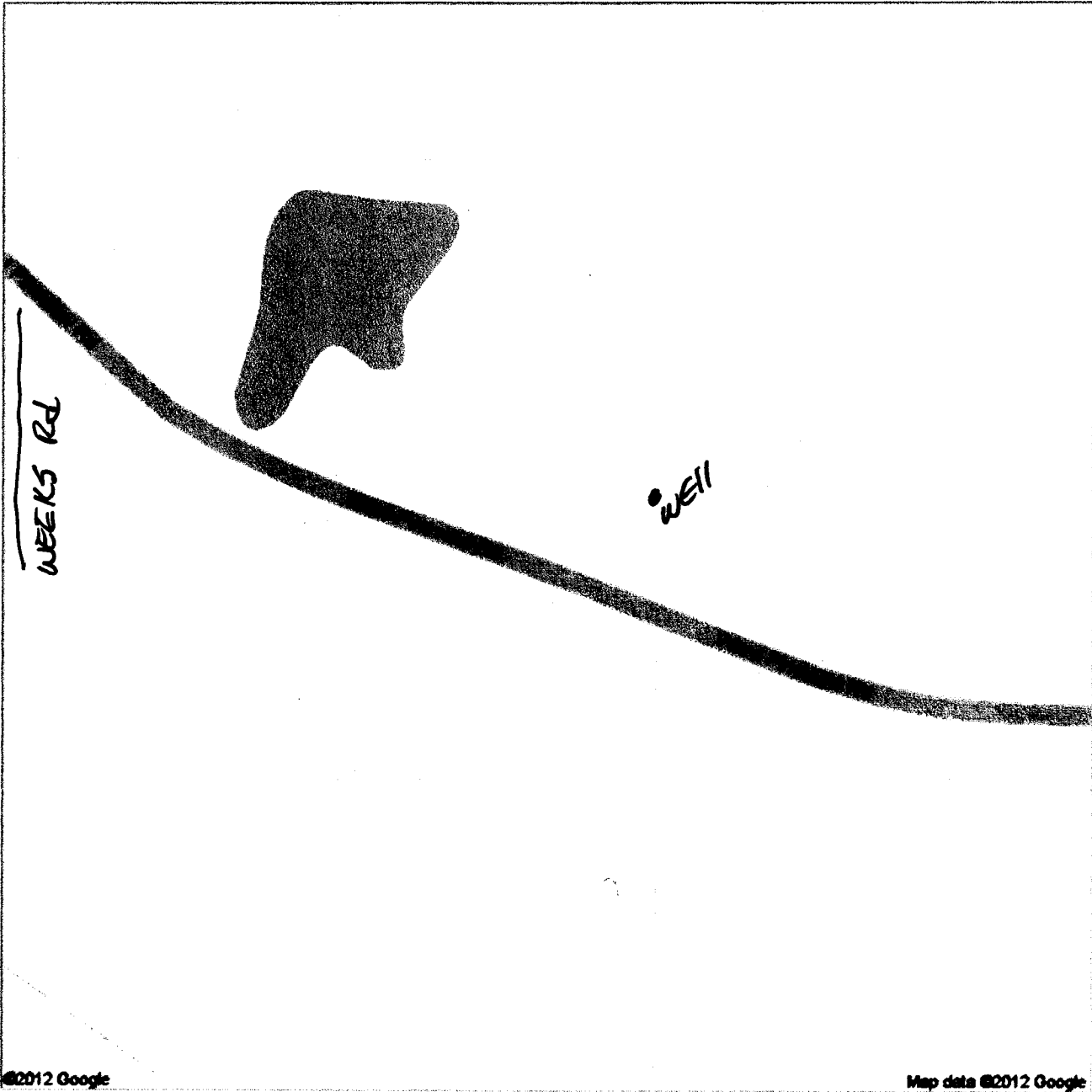
Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 10 GPM with a drawdown of
2 feet after 48 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JOEL PIERCE 0-780
 Print Name of Pump Installer and License No. (if applicable) Joel P.
Signature of Pump Installer
RECEIVED
DEC 13 2012
Form: OLWR-SWR-15 (04/08)



Address Agricola, MS 39452

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Text the word "GMAPS" to 466453
G19A 



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DEC 03 2012

BY: OLWR