

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G 225  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: 0-280  
Driller: J. Pearl  
Date drilling completed: 3-9-17

**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>Pierce James</u>	Latitude: <u>30° 53' 32"</u> Longitude: <u>88° 32' 20"</u>
Mailing Address: <u>231 Hwy 612</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Woodale ms 39452</u>	<u>NE</u> <u>SW</u> <u>NW</u> <u>SE</u> <u>12</u> <u>25</u> <u>6W</u> City State Zip Code
Telephone No. <u>334 602-9841</u>	Distance <u>3</u> Miles Direction <u>North</u> of Nearest Town <u>Acquita, ms</u>

**Well / Borehole Data**

Date drilling started: 3-9-17 Date drilling completed: 3-9-17 Hole depth: 130 Hole diameter: 4 inch

Location of the source of any surface water used for drilling: Acquita, ms

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

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: 3-9-17

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: 110 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 110 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**

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

MAR 29 2017

BY OLWR

# 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 #: 6225  
 Elevation: \_\_\_\_\_

County: DeWitt  
 Permit #: 0-780  
 Driller: J. P. Pine  
 Date completed: 3-9-17  
*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>Pierce Farms</u>	Latitude: <u>30-53-32</u> Longitude: <u>88-32-20</u>
Mailing Address: <u>231 Hwy 612</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 12 T 25 R 6W</u>
Telephone No. <u>334 602-9811</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>north</u> of <u>Agucola, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift 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>5 hp</u>
Date Pump Installed: <u>3-9-17</u>	Setting Depth: <u>60</u> <u>inches</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>25</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-9-17</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>40</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>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</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 Pine 0-780 RECEIVED Joel Pine  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAR 29 2017

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

BY CLIP

