County: George
Permit #: O-780
Driller: W. Joel Pierce
Date drilling completed: 1-2-07

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 #: H-104
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: Billie Davis
Mailing Address: 1102 Agnes Catoma Rd
Cuevdale MS 39452
City State Zip Code
Telephone No. (601) 947-3411

Well or Borehole Location

Latitude: 88 ° 29 ' 259/15 " Longitude: 30 ° 50 ' 012/01 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, ~~Hand-held GPS~~, Survey-grade GPS
~~NW~~ SW ¼ SE NE ¼ Sec 33 Twn 2 S Rng 5W
Distance 3 Miles Direction NE of Nearest Town Aguila, MS

Well / Borehole Data

Date drilling started: 1-2-07 Date drilling completed: 1-2-07 Hole depth: 55 Hole diameter: 2
Location of the source of any surface water used for drilling: Aguila MS
Method of dosing and volume of Chlorine used in drilling and development: 4gal chlorine 200 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: 3 feet above or ~~below~~ (circle one) land surface Date measured: 1-2-07
Method of Measurement (circle one) steel tape electric tape (air line) other:
Well depth: 55 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
Casing length: 45 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 "
Screen slot size: 6 inches Setting depth: From 0 (10 screen) feet to 55 (45 casing) 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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BY: OLWR

Form: OLWR-SWR-1A

H-104

The sketch below only required for water wells

If well telescopes, show depths on sketch.

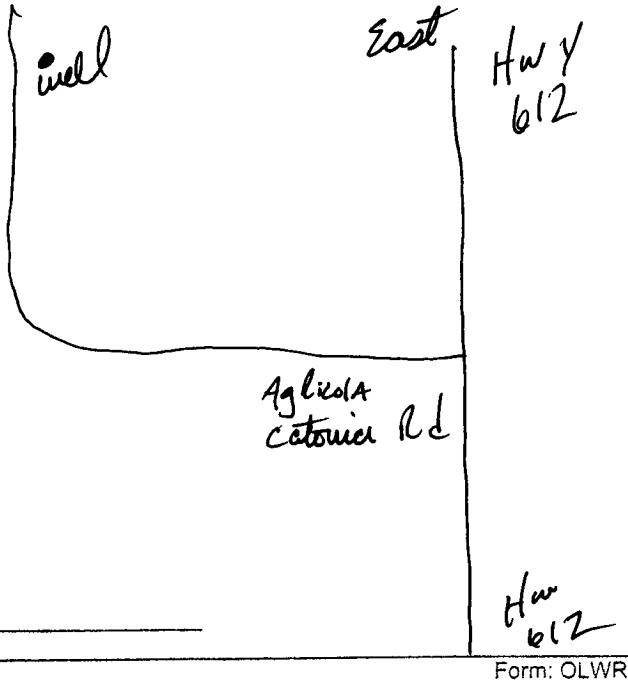
Ground Level

If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red Sand	0	5
Red clay	5	15
white Sand	15	55

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) a north arrow.



Landowner Name: Billie Davis

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Pierce 0-788 1-2-07 Joel Pierce

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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
Permit #: O-780
Driller: W. Joel Pierce
Date completed: 1-2-07
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: H-104
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

Owner Name: Billie Davis
Mailing Address: 1102 Agricola, Cotton Rd
Lucedale MS 39452
City State Zip Code
Telephone No. (601) 947-3411

Well Location

Latitude: 88-29-259 Longitude: 30 50 012
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS ✓, Survey-grade GPS___
NW ¼ SE ¼ Sec 33 T 7S R 5W
Distance Direction Nearest Town
3 Miles NE of Agricola, MS

Pump Type
Circle one

Air Lift	~~Jet~~	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): ___
Date Pump Installed: 1-2-07
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: 25 feet line feet
Number of Stages: 2

Pump Test Data

Date Well Tested: 1-2-07
Static Water Level (A): 3 Feet Below Land Surface
Pumping Water Level (B): 25 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 O-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pierce
Signature of Pump Installer

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BY: OLWR

Form: OLWR-SWR-1B