

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 #: H136
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-780
Driller: J Pierce
Date drilling completed: 4-20-12

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 FARMS</u>	Latitude: <u>20° 49' 870"</u> Longitude: <u>88° 30' 250"</u>
Mailing Address: <u>121 Hwy 612</u>	Method of Lat/Long (circle one): Conventional Survey, <u>52</u> <u>15</u>
<u>LUCEDALE MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 Twn 25 Rng 5W</u>
Telephone No. <u>(251) 361-2811</u>	SW NE Distance Direction Nearest Town
	<u>2 Miles NE of Aquila, MS</u>

Well / Borehole Data

Date drilling started: 4-20 Date drilling completed: 4-20 Hole depth: 120 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquila, 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: 4-20-12

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 10 inches Setting depth: From 100 feet to 120 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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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 #: H136
Elevation: _____

County: DeSoto
Permit #: 0-790
Driller: J. Pierce
Date completed: 4-20-12

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	Well Location
Owner Name: <u>PIERCE FARMS</u>	Latitude: <u>30-49-20</u> Longitude: <u>89-30-250</u>
Mailing Address: <u>121 Hwy 612</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>52</u> IS
<u>Lucedah MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>N6S</u> 1/4 <u>28</u> 1/4 Sec <u>32</u> T <u>25</u> R <u>5W</u>
Telephone No. <u>(251) 361-2811</u>	SW NE Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Asula, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-20-12</u>	Setting Depth: <u>120 Druplip</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>4-20-12</u>	Circle one
Static Water Level (A): <u>5</u> Feet Below Land Surface	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>100</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>5</u> feet after <u>48</u> hours of pumping

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


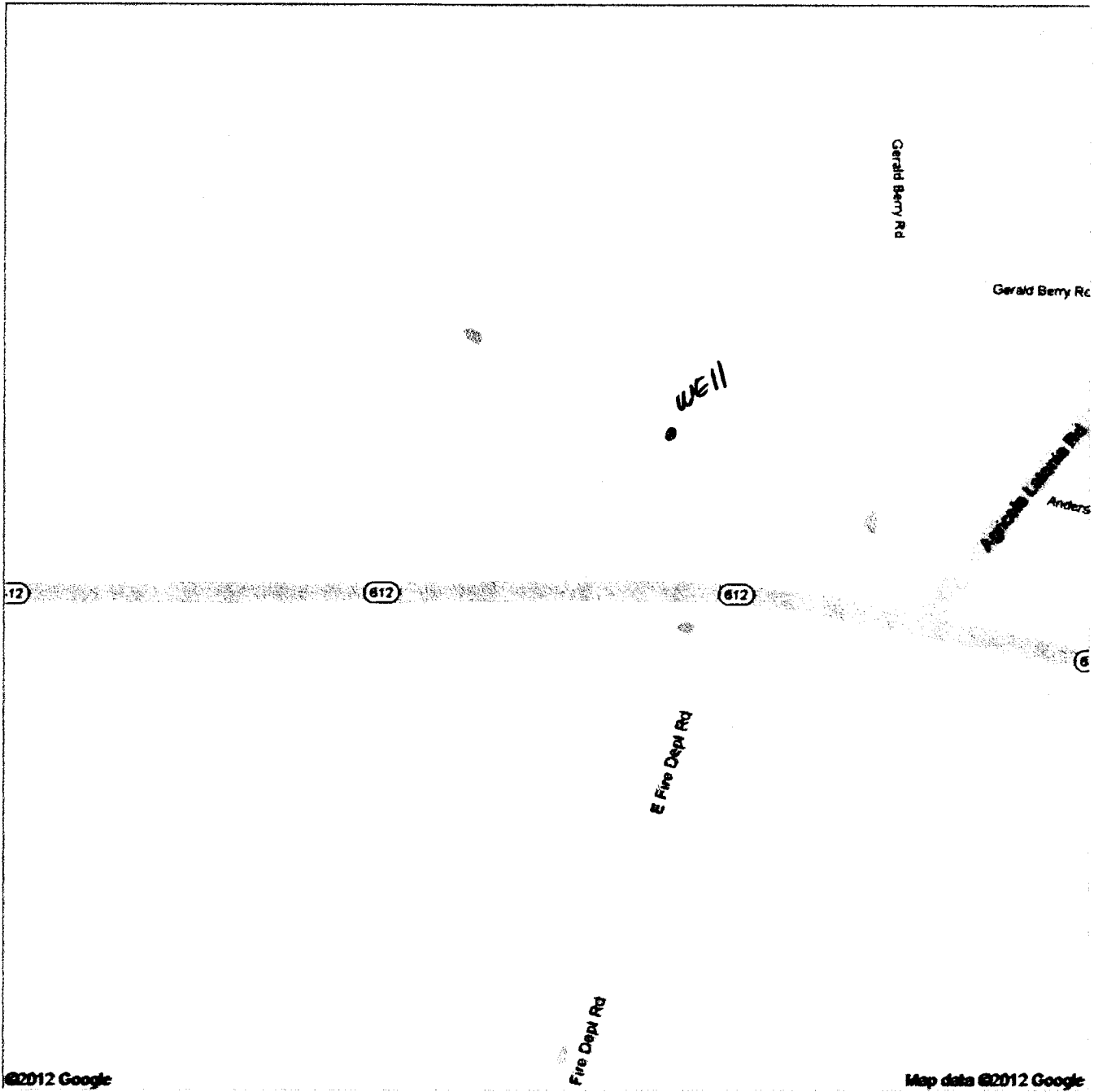
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JOEL PIERCE Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)

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Address Agricola, MS 39452

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