County: George	Well Driller Report and Well Log Mississippi Department of Environmental Quality		For Office Use Only:
Permit #:			Aquifer:
Driller: Pierce well	· · ·	and Water Resources	Well #:
		Box 10631	L. S. Elevation: 1+142
Date drilling completed: 12-15-04		1S 39289-0631	
		961-5210 4-6938 (fax)	E-log #:
	(001)55	+-0750 (IdX)	
State Law requires that this re 30 days of completion of drilli		driller in detail and filed wit	h the Department within
30 days of completion of drilling of the well.		Well Location	
	atton	Latitude: <u>30 • 49 · 58</u>	." Longitude: <u>88 • 27 · 53</u> "
Mailing Address: CFWard Rd.		Method of Lat/Long (circle one): Conventional Survey,	
I det	11 -		d GPS, Survey-grade GPS
City	<u>JUS</u> State Zip Code	~ ~ /	Twn 2 S Rng 5W
Telephone No. ()	and a function of the second state of the second state of the second state of the second state of the second st	Distance Direction	of Mobile Co. Inc
	Well	Data	
Purpose of Well (circle on Home	Industrial Public Supply	y Irrigation Fish Cultur	e Other:
Date well drilling started:12	<u>-15-04</u> Da	te well drilling completed:	12-15-04
If flowing, method of flow regulation:	Valve Othe	r (describe)	
Static Water Level: <u>20</u> feet			
Method of Measurement (circle one)	steel tape electric ta	pe air line other:	
Hole depth: <u>82</u> Well	depth: <u>82'</u>	Well grouted to a depth	of <u>15</u> feet
Type of grout (circle one): Cement	Bentonite M	ix	
n 2	- 1(
Casing length: 78 feet - Ca	using diameter: 2	inches Type of casin	8: plastic
Screen length: <u>5</u> feet So	creen diameter:	inches Tours of second	Diactic
icei Si		inches Type of screen	
Screen slot size: 00 6 inches	s Setting depth: From	feet to	feet
Type of completion (circle all applicable	e): Gravel packed Un	derreamed Telescoped C	Open hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	9 · · ·		e screen, describe on back of page
	feet. [f	telescoped or more than one	screen, describe on back of page
Logs run (circle all applicable): No log	feet. If	telescoped or more than one ay Density Sonic Neutro	screen, describe on back of page
Logs run (circle all applicable): No log Name of organization running log(s): certify that the well was drilled, constructed, a	feet. If run Electric Gamma R	telescoped or more than one ay Density Sonic Neutro	screen, describe on back of page
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log Name of organization running log(s): I certify that the well was drilled, constructed, a Environmental Quality and/or the Mississippi I	feet. If run Electric Gamma R	telescoped or more than one ay Density Sonic Neutro	screen, describe on back of page
Logs run (circle all applicable): No log Name of organization running log(s): certify that the well was drilled, constructed, a	feet. If run Electric Gamma R	telescoped or more than one ay Density Sonic Neutro	screen, describe on back of page
Logs run (circle all applicable): No log Name of organization running log(s): I certify that the well was drilled, constructed, a	feet. If run Electric Gamma R	telescoped or more than one ay Density Sonic Neutro	screen, describe on back of page

BY: OLWR

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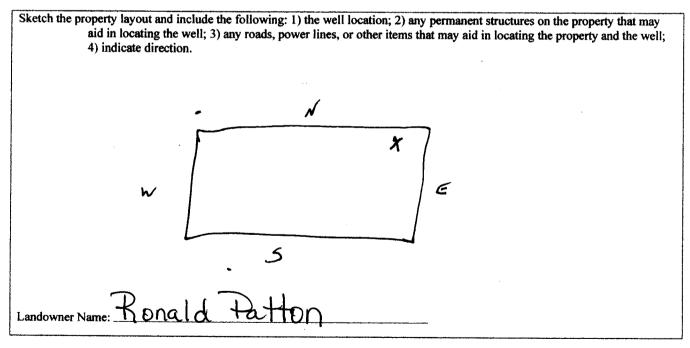
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Ground Level	Description of Formations Encountered	From	То
	TOP Soil	0	10
	Clay	10	20
	good Sand	20	30
	Clay	30	22
	goodsand	10	82
	0		

. . .

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

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Signature of Water Well Contractor

Image: Control of the second statements are true to the best of my knowledge. Image: Control of the second statements are true to the best of my knowledge. Image: Control of the second statements are true to the best of my knowledge. Image: Control of the second statements are true to the best of my knowledge.		STATE W	ELL REPORT		
Permit #	denne	Dum n In staller?		For Office Use Only:	
Drile: Pletce Well Drile: Pletce Well Mississipp: Department of Environmental Quality PD. Box 10631 Well & AMPPP Date completed 12-16-04 Mississipp: Department of Environmental Quality PD. Box 10631 (601)361-5210 (601)361-5210 (601)361-5210 (601)361-5210 (601)361-5210 (601)361-5210 (601)361-5210 (601)361-5210 (601)364-538 (fax) Well Owner Information Well Location Well Owner Information Well Location Mailing Address: CF. Word F.d. Mailing Address: CF.d. Massissipp: Department within 30 days of the installation of pump. Acage Aca	-	_ Pump Installer	s Completion Report	Aquifer:	
Drifter of Land and Water Resources PLOBER TREACT USA II Date completed 12-16-04 Date completed 12-16-04 Installation of pump. A copy of Part 1 of this report must be attached to this report. Betwation Well Owner Information (60)1354-6938 (fac) Owner Name: Rocald Rattor Mailing Address: C.F. Mailing Address: C.F. City State Zip Code Latitude: Locachale, Mailing Address: City State Zip Code Distance Distance Direction Natural Gas Elevention City State Zip Code Distance Distance Direction Natural Gas Elevent Type Citcle one Citcle one Air Lift Jet Bucket Piston Turbine Citcle one Carlote one Intervine Air Lift Jet Date Pump Installed: 12-16-04 Static Water Level (A): Peet Below Land Surface				Well # AA-1444	
Date completed 12-16-04 Jackston, MS 39282-0631 (601)354-038 (fm) This report must be prepared by the pump installer detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Rocald Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Rocald Part 1. Address: C.F. Distance Direction Nailing Address: C.F. City State Zip Code Distance Distance Direction Nearest Town L/2 Miles Word Namer State Zip Code Distance Direction Nearest Town L/2 Miles Via Circle one Natural Gas Distance Direction Nearest Town L/2 Miles Via Circle one Natural Gas Distance Direction Measuring Water State Pump Type Circle one Circle one Nimite Distance at Pump installet 12-16-04 Mathed Pump Capacity:					
(6(6)1354-6938 (fac) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Roneld Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Roneld Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Roneld Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Roneld Part 1 of this report must be attached to this report. Mailing Address: C.F. Word Part Mailing Address: C.F. Word Part Langue Called Mass. Laitude: Longuide:: Langue Called Mass. Circle one: Conventional Survey. USE W AVE W Sec 35 Twn 25 Rm 55 Distance Direction Nearest Town Laitude: Direction Nearest Town Laitude: Direction Nearest Town Laitude: Direction Nearest Town Laitude: Direction Nearest Town Listude: Mass Surfee <td>Date completed: 12-16-0</td> <td></td> <td></td> <td></td>	Date completed: 12-16-0				
This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Well Cocation Used to the report must be attached to this report. Well Cocation Used to the report must be attached to this report. Well Cocation Used to the report must be attached to this report. Well Cocation Used to the report must be attached to this report. Mailing Address: C.F. Word R.d. Mailing Address: C.F. Word R.d. Pump Type Circle one Air Lift (Jet Submersible Bucket Piston Turbine Pump Test Data Date Vump Installed: 12-116-D.4 Static Water Level (A): C. Gallons Per Minute Pumping Water Level (B): C.F. Peet Below Land Surface Pumping Water Level (B): C.F. Peet Below Land Surface Pumping Rate: I.O. Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Mit Name of Pump Installer and License No. (If applicable) Windwill Mail Mail Mailer C. Mailer C.M. Mailer C. Mailer C. Mailer C. Mailer C. Mailer C. Mailer C. Ma			·		
Installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: $Rocold Part 1 of this report must be attached to this report. Well Owner Information Owner Name: Rocold Part 1 of this report must be attached to this report. Well Cocation Mailing Address: C.F. Word Red. Latitude: Longitude: Latitude: Longitude: Mailing Address: C.F. Word Red. City State City State Zip Code Distance Distance Direction Nearest Town L/2. Miles Method of Lat/Long (circle one) Circle one Circle one Circle one Air Lift Devent Type Circle one Circle one Air Lift Devent Type Centrifugal Rotary Plowing Well Windmill Other (specify): Different Motor: Date Pump Installed: 121604 Rated Pump Capacity: D Gallons Per Minute Method of Measuring Water Level Number of Stages: 2 $	This report must be p	repared by the pump installer in	n detail and filed with the De	partment within 30 days of the	
Owner Name: Ranceld Patton Mailing Address: CF. Ward Rad Mailing Address: CF. Mailing Address: Conventional Survey, USOS guad, Hand-held GPS. Survey-grade GPS Survey-grade GPS Static Lift Jee Devent Type Devent Type Citrele one Citrele one Natural Gas Bate Vent (B): Jee Different Motor: 1 Date Pump Installed: 12 - 16 - D4 Windmill Other (specify): Feet Number of Stages: 2 Met	installation of pump.	A copy of Part 1 of this report m	ust be attached to this repor	t.	
Mailing Address: $C.F.$ Ward $F.d.$ Method of Lat/Long (circle one): Conventional Survey, Wailing Address: $C.F.$ Ward $F.d.$ Method of Lat/Long (circle one): Conventional Survey, USOS guad, Hand-held GPS, Survey-grade GPS $5E & ME & Sec SS & Twn & 2S & Rng & 5W$ Distance Direction Nearest Town I /2 Miles W of Method of Lat/Long (circle one): Conventional Survey, USOS guad, Hand-held GPS, Survey-grade GPS $5E & ME & Sec SS & Twn & 2S & Rng & 5W$ Distance Direction Nearest Town I /2 Miles W of Method of Lat/Long (circle one): Conventional Survey, USOS guad, Hand-held GPS, Survey-grade GPS Air Lift Let Submersible Direction Nearest Town Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 1 Date Pump Installed: 12 - 16 - 04 Static Water Level (A): Q Feet Below Land Surface Number of Stages: 2 Pump Test Data Method of Measuring Water Level (B): Seet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify):		\frown	Well Location		
Mailing Address: \Box F. Ward Ed. Method of Lat/Long (circle one): Conventional Survey, USOS quad, Hand-held GPS, Survey-grade GPS Lit Lit State Zip Code Pump Type Circle one Direction Nearest Town It Lift Jet Submersible Bucket Piston Turbine Chiry Carlot one Direction Nearest Town Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Owner Name: Konald	tatton	Latitude:	Longitude:	
Luccclale CityStateZip CodeStateZip CodeTelephone No. (Mailing Address: C.F. Ward Rd.				
City State Zip Code Telephone No. (USGS quad, Ha	ind-held GPS, Survey-grade GPS	
Telephone No. (
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):		Suite Lip Code	Distance Direction	Nearest Town	
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No (1/2 10- 11/	Mobile (1 1	
Circle oneAir LiftJetSubmersibleCircle oneBucketPistonTurbineDiesel EngineGasoline EngineNatural GasBucketPistonTurbineCircle oneTractor PTOCentrifugalRotaryFlowing WellWindmillOther (specify):Date Pump Installed: $12 - 16 - 04$ Setting Depth: 400 feetName of Pump Test DataJeet Below Land SurfaceMethod of Measuring Water Level Circle oneSteel TapePump Test DataMethod of Measuring LineSteel TapeDate Well Tested:J2-16-04Steel TapeStatic Water Level (A):Speet Below Land SurfaceAir LinePumping Water Level (B):Speet Below Land SurfaceFeet Below Land SurfacePrawdown [(B) - (A)]:Speet Below Land SurfaceFor flowing well, measured shut in head:feetOrawdown [(B) - (A)]:Gallons Per MinuteGallons Per MinuteGPM with a drawdown ofDuration of Pump Test (minimum 4 hours):4 hoursfeet after4 hours of pumpingHEREBY CERTIFY that the above statements are true to the best of my knowledge.Muchael Muchael MuchaelerMuchael MuchaelerMichael PreceC29 bMuchael MuchaelerSignature of Pump Installer				or route co. Nine	
Circle oneAir LiftJetSubmersibleCircle oneBucketPistonTurbineDiesel EngineGasoline EngineNatural GasBucketPistonTurbineCircle oneTractor PTOCentrifugalRotaryFlowing WellWindmillOther (specify):Date Pump Installed: $12 - 16 - 04$ Setting Depth: 400 feetName of Pump Test DataJeet Below Land SurfaceMethod of Measuring Water Level Circle oneSteel TapePump Test DataMethod of Measuring LineSteel TapeDate Well Tested:J2-16-04Steel TapeStatic Water Level (A):Speet Below Land SurfaceAir LinePumping Water Level (B):Speet Below Land SurfaceFeet Below Land SurfacePrawdown [(B) - (A)]:Speet Below Land SurfaceFor flowing well, measured shut in head:feetOrawdown [(B) - (A)]:Gallons Per MinuteGallons Per MinuteGPM with a drawdown ofDuration of Pump Test (minimum 4 hours):4 hoursfeet after4 hours of pumpingHEREBY CERTIFY that the above statements are true to the best of my knowledge.Muchael Muchael MuchaelerMuchael MuchaelerMichael PreceC29 bMuchael MuchaelerSignature of Pump Installer	Dum	n Tumo	1		
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):					
Bucket Piston Turbine Disse Engine Gasting Engine Natural Gas Bucket Piston Turbine Itertie Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	A in 1 :0				
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lin	Submersible	Diesel Engine Gaso	line Engine Natural Gas	
Other (specify):			Electric Motor Hand	d Tractor PTO	
Date Pump Installed: 12-16-04 Rated Pump Capacity: 10 Gallons Per Minute Setting Depth: Pump Test Data Method of Measuring Water Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Method of Measuring Uater Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Air Line Drawdown [(B) - (A)]: 5 Feet Below Land Surface For flowing well, measured shut in head: feet Pumping Rate: 10 Gallons Per Minute Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge. Muchael Michael Prefet U29 6 Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	Centrifugal Rota	ry Flowing Well	Windmill Othe	r (specify):	
Date Pump Installed: 12-16-04 Rated Pump Capacity: 10 Gallons Per Minute Setting Depth: Pump Test Data Method of Measuring Water Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Method of Measuring Water Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Air Line Drawdown [(B) - (A)]: 5 Feet Below Land Surface Other (specify): For flowing well, measured shut in head: feet Ouration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge. Muchael Michael Diverce Diverce Michael Diverce Diverce Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	Other (specify):		Horse Power Rating of Moto	or:	
Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: 2 Pump Test Data Method of Measuring Water Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface Drawdown [(B) - (A)]: 5 Feet Below Land Surface Crawdown [(B) - (A)]: 6 Feet Below Land Surface Drawdown [(B) - (A)]: 6 Feet Below Land Surface Drawdown [(B) - (A)]: 6 Feet Below Land Surface Drawdown [(B) - (A)]: 6 Feet Below Land Surface Drawdown [(B) - (A)]: 5 Feet Below Land Surface Callons Per Minute View (specify): For flowing well, measured shut in head: feet Duration of Pump Test (minimum 4 hours): 4 hours feet after 4 hours of pumping HEREBY CERTIFY that the above statements are true to the best of my knowledge. Muchael Prece Muchael Prece Muchael Prece Muchael Prece Michael Prece 5 Signature of Pump Installer Signature of Pump Installer Signature of Pump Installer	Date Pump Installad	2-11-04		\mathcal{A}	
Pump Test Data Method of Measuring Water Level Date Well Tested: 12-16-04 Static Water Level (A): 20 Feet Below Land Surface Air Line Drawdown [(B) - (A)]: 5 Feet Below Land Surface Other (specify): Orawdown [(B) - (A)]: 5 Feet Below Land Surface For flowing well, measured shut in head: Orawdown [(B) - (A)]: 6 Feet Below Land Surface For flowing well, measured shut in head: Orawdown [(B) - (A)]: 6 Feet Below Land Surface For flowing well, measured shut in head: Orawdown [(B) - (A)]: 6 Gallons Per Minute Well yielded Ouration of Pump Test (minimum 4 hours): 4 HereBY CERTIFY that the above statements are true to the best of my knowledge. Michael Pietrel 29 6 Michael Pietrel 29 6 Michael Pietrel 29 6 Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer			Setting Depth:	feet	
Date Well Tested: $12-16-04$ Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface Drawdown [(B) – (A)]: 5 Feet Below Land Surface Drawdown [(B) – (A)]: 5 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Michael Pietrel U296 Print Name of Pump Installer and License No. (if applicable) Date Well Yielded Pump Installer Additional Print Print Name of Pump Installer	Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	2	
Static Water Level (A): 20_Feet Below Land Surface Pumping Water Level (B): 25_Feet Below Land Surface Orawdown [(B) - (A)]: 5_Feet Below Land Surface Feet Below Land Surface 6 Orawdown [(B) - (A)]: 5_Feet Below Land Surface Feet Below Land Surface 6 Orawdown [(B) - (A)]: 5_Feet Below Land Surface Feet Below Land Surface 6 Orawdown [(B) - (A)]: 6 Gallons Per Minute 6 Ouration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge. 6 Michael Preice 129.6 Michael Preice 129.6 Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	-				
Static Water Level (A):	Date Well Tested: J	2-16-04	Ci	rcle one	
Pumping Water Level (B): A Feet Below Land Surface Drawdown [(B) - (A)]: 5 Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: feet Feet Pumping Rate: 10 Gallons Per Minute Well yielded 10 GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 4 hours feet after 4 hours of pumping HEREBY CERTIFY that the above statements are true to the best of my knowledge. Muchael Muchael Muchael Muchael ECEIVE Yint Name of Pump Installer and License No. (if applicable) 129.4 Signature of Pump Installer Signature of Pump Installer	Static Water Level (A):Feet Below Land Surface				
Test Pumping Rate: 10 Gallons Per Minute Ouration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Hereby Certify that the above statements are true to the best of my knowledge. Michael Pierce 0296 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		-	Other (specify):		
Duration of Pump Test (minimum 4 hours): 4 hours 5 feet after 4 hours of pumping HEREBY CERTIFY that the above statements are true to the best of my knowledge. 5 feet after 4 hours of pumping Michael Pierce 0296 1000000000000000000000000000000000000	Drawdown $[(B) - (A)]$:Feet Below Land Surface				
HEREBY CERTIFY that the above statements are true to the best of my knowledge. Michael Pierce 0296 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	est Pumping Rate:1	Gallons Per Minute	Well yielded / U	GPM with a drawdown of	
Print Name of Pump Installer and License No. (if applicable) Michael Pump Installer Additional Signature of Pump Installer	Juration of Pump Test (minimu	um 4 hours): <u> </u>	feet after	hours of pumping	
Print Name of Pump Installer and License No. (if applicable) Michael Pump Installer Additional Signature of Pump Installer	HEREBY CERTIFY that the a	bove statements are true to the be	st of my knowledge		
rint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Michael Pien	ce U296	michael	PULLERECEIVE	
	The Name of Pump Installer an	id License No. (if applicable)	Signature of Pump Insta	ller	

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BY: OLWR