

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 #: H148
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-780
Driller: J. Pien
Date drilling completed: 425-14

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>30° 51.5'</u> Longitude: <u>88° 31.17'</u>
Mailing Address: <u>4100 Ward Pineview Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale, MS 39452</u>	<u>NE 1/4 NW 1/4 Sec 30 Twn 25 Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-1125</u>	<u>3</u> Miles <u>NE</u> of <u>Aquola, MS</u>

Well / Borehole Data

Date drilling started: 4-25-14 Date drilling completed: 4-25-14 Hole depth: 110 Hole diameter: 4 inch
Location of the source of any surface water used for drilling: Aquola, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chloral
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 below (circle one) land surface Date measured: 4-25-14
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 90 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 0 feet to 110 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 10/MSWRS/17A (04/08)

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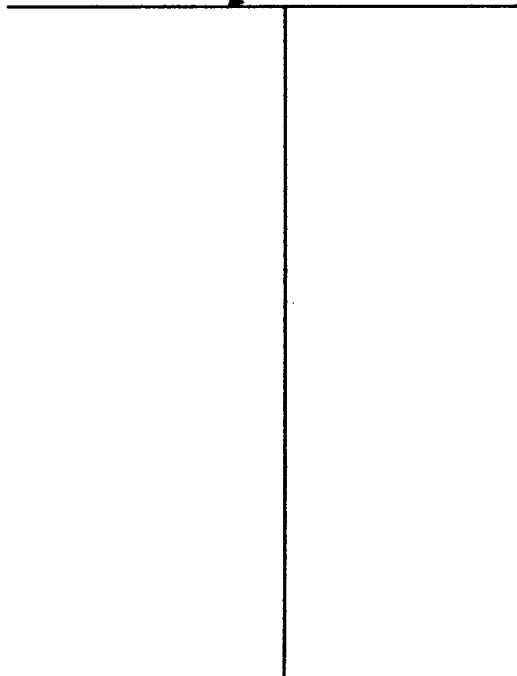
BY OLWR

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

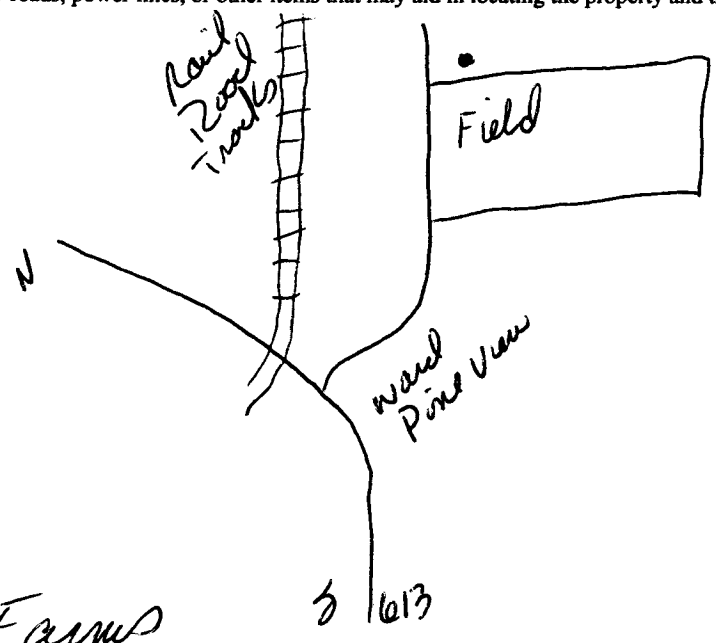
Ground Level \rightarrow



Description of Formations Encountered	From (depth)	To (depth)
Red sand	0	20
clay	20	30
sand	30	60
sand gravel	60	110

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

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: Percy Farms § 1613

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

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 P. 0-780 4-25-14 Joel P.

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

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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 #: H148
 Elevation: _____

County: Dezard
 Permit #: 0-780
 Driller: J-Pi
 Date completed: 4-25-14

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>30-51-5</u> Longitude: <u>88-31-17</u>
Mailing Address: <u>4100 Wood Pineview Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbach</u> <u>ms</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 30 T25 R5W</u>
Telephone No. <u>(601) 947-1125</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>Aguada, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-25-14</u>	Setting Depth: <u>100 Drop Pipe</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-25-14</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>5</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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 Pi 0-780
 Print Name of Pump Installer and License No. (if applicable)

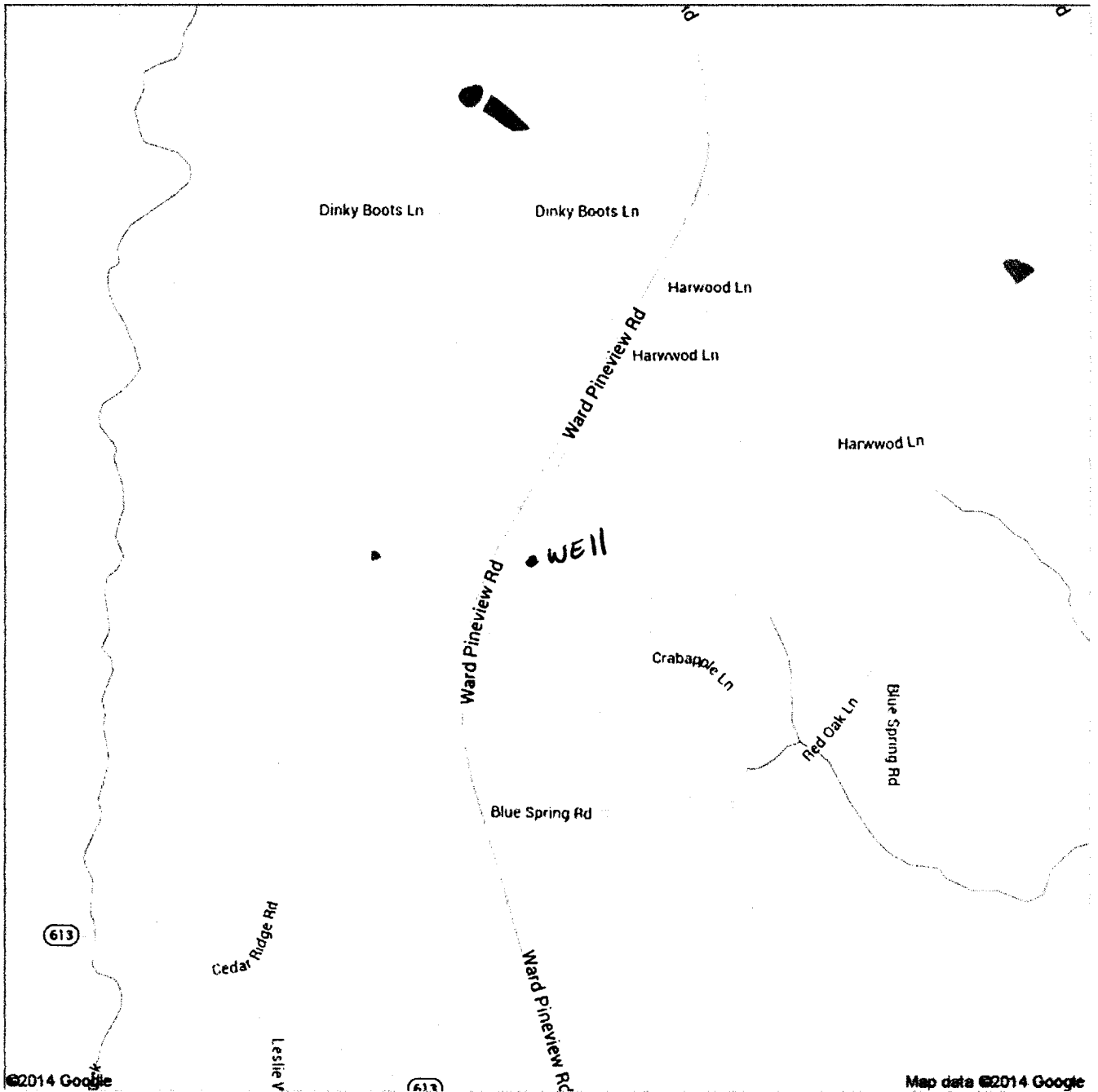
Joel Pi
 Signature of Pump Installer

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Address Agricola, MS 39452



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