

County: George Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 3-1-07

**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 #: J-68  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mary Parker</u>	Latitude: <u>88° 52' 116"</u> Longitude: <u>30° 46' 435"</u>
Mailing Address: <u>Vesty Rd/Sandy Creek Rd</u>	Method of Lat/Long (circle one): <u>07</u> Conventional Survey, <u>26</u>
<u>Miss Point</u> <u>MS</u> <u>39562</u>	USGS qual. <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>22</u> Twn <u>735</u> Rng <u>R9W</u>
Telephone No. <u>(228) 990-3311</u>	Distance <u>13</u> Miles <u>NW</u> of <u>Panola</u>

**Well / Borehole Data**

Date drilling started: 3-1-07 Date drilling completed: 3-1-07 Hole depth: 50 Hole diameter: 2

Location of the source of any surface water used for drilling: Agua de nas

Method of dosing and volume of Chlorine used in drilling and development: 99% / 2000 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: 3-1-07

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

Well depth: 50 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 40 Plastic

Screen slot size: 6 inches Setting depth: From 0 feet to 50 feet

Type of completion (circle all applicable): Gravel packed Underreamed 40 easy Telescoped 10 FT screen 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  
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 BY: OLWR



*George*

# 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: W. Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 3-1-07  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: J-68  
 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			Well Location		
Owner Name:	<u>Sony Parker</u>		Latitude:	<u>88-52-116</u>	Longitude: <u>30-46-435</u>
Mailing Address:	<u>West Rd / Sandy creek Rd</u>		Method of Lat/Long (check one):	Conventional Survey <u>26</u>	
	<u>Miss Point</u>	<u>MS</u>	USGS quad	<u>SE 1/4 SW 1/4 Sec 22 T35 R29W</u>	
	City	State	Zip Code	<u>39562</u>	
Telephone No.	<u>(228) 930-3311</u>		Distance	Direction	Nearst Town
			<u>12</u> Miles	<u>SW</u>	<u>Vanland</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	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>1 hp</u>	
Date Pump Installed:	<u>3-1-07</u>		Setting Depth:	<u>35 jet line</u> feet	
Rated Pump Capacity:	<u>10</u>	Gallons Per Minute	Number of Stages:	<u>2</u>	

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested:	<u>3-1-07</u>	<input checked="" type="radio"/> Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A):	<u>3</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B):	<u>35 FT</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]:	<u>4</u> Feet Below Land Surface	Well yielded	<u>8</u> GPM	with a drawdown of
Test Pumping Rate:	<u>10</u> Gallons Per Minute	<u>2</u> feet after	<u>2 1/2</u> hours	of pumping
Duration of Pump Test (minimum 4 hours):	<u>12</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Joel P.  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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