County: George	
Permit #:	N
Date drilling completed: 11-5-04	
	11

Well Driller Report and Well 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 #: <u>L - 117</u>	1
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name Jane Algood	Latitude: 30 ° 49 ', 19 " Longitude 86 ° 37 ', 23 "
Mailing Address: Basin Refuge Rd.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Lucedale, Ms 39452	NW 1/4 5 4 Sec 5 6 Twn 35 Rng 6W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	7 Miles 5 of Lucedale on 63 thuy
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	y Irrigation Fish Culture Other:
Date well drilling started: 1-5-04 Da	te well drilling completed:
If flowing, method of flow regulation: Valve Other	r (describe)
Static Water Level:feet above on below circle on	e) land surface Date measured: 5 and
Method of Measurement (circle one) steel tape electric to	ape air line other:
Hole depth: 70 Well depth: 70	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite	ix
Casing length: <u>65</u> feet Casing diameter: <u>2</u> 11	inches Type of casing: plastic
Screen length: 5 feet Screen diameter: 211	inches Type of screen: Plastic
Screen slot size:inches	n <u>65</u> feet to <u>70</u> feet
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in accordance w	
Environmental Quality and/or the Mississippi Department of Health regulation	ons and state laws.
Michael Pierce 0296	Michael Pluce
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

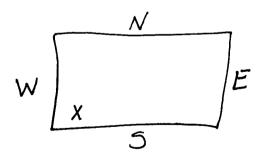
If well telescopes please sketch below and show depths.

Ground Level	1-	117	

Description of Formations Encountered	From	To
Topsoil Clay Sand Good Sand	0	10
Clay	10	25
Sand		50
Good Sand	50	
3		

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) indicate direction.



Landowner Name:

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only:

Aquifer:

Well #:

Elevation:

Permit #:
Driller: Piekce Water We

County:

Centrifugal

Other (specify):

Date Pump Installed: 11-6-04

Date completed:

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)

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 Location Owner Name: Latitude:_ Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 5 E 1/4 Sec 5 Twn 35 Rng 6W State Zip Code City Distance Direction Nearest Town Telephone No. (601) 508-0546 of buckale on 63 they. Pump Type Power Type Circle one Circle one Jet Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor **Bucket** Piston Turbine Hand **Tractor PTO**

Windmill

Setting Depth: __

Horse Power Rating of Motor:

Other (specify): _

Flowing Well

Rotary

Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 11-6-04	
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):55Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded/ OGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	5 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.
Michael Pierce 0296	michael Kune
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RECEIVE

DEC 0 8 2004