

County: George 039
 Permit #: _____
 Driller: Pierce Well
 Date drilling completed: 2-14-05

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 #: L-124 ✓
 L. S. Elevation: _____
 E-log #: _____

Pierce Water Well Drilling

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Jack Davis</u>	Latitude: <u>30° 44' 08"</u> Longitude: <u>88° 35' 27"</u>
Mailing Address: <u>Coyt Brooks Rd.</u> <u>Wucedale, Ms</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓
City _____ State _____ Zip Code _____	<u>SE 1/4 NE 1/4</u> Sec <u>33</u> ✓ Twn. <u>35</u> ✓ Rng <u>6W</u> <u>SE SW</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>500 Ft</u> Miles _____ off <u>Jackson Co Line</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 2-14-05 Date well drilling completed: 2-14-05
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 50' feet above or below (circle one) land surface Date measured: 2-14-05
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 260' Well depth: 260 Well grouted to a depth of 15' feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 250 feet Casing diameter: 2" inches Type of casing: plastic
 Screen length: 10 feet Screen diameter: 2" inches Type of screen: plastic
 Screen slot size: 006 inches Setting depth: From _____ feet to _____ 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 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 with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pierce, Mike 0296
 Print Name of Water Well Contractor and License No.

Michael Pierce
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-124
 Elevation: _____

County: George
 Permit #: _____
 Driller: Pierce
 Date completed: 2-15-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Jack Davis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Same</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
City _____ State _____ Zip Code _____	<input checked="" type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	<u>SE</u> <u>SW</u> <u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>33</u> Twn <u>45</u> Rng <u>6 W</u> <u>35</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>500</u> ^{ft} Miles of <u>Jackson Co Line</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-15-05</u>	Setting Depth: <u>80'</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>2-15-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>50'</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>10'</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Mike Pierce 0296
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce
 Signature of Pump Installer

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