

State Well Report

Part 1

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-126
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Pierce Well
Date drilling completed: 4-29-05

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>Kendall Stringfellow</u>	Latitude: <u>30° 48' 30"</u> Longitude: <u>88° 32' 30"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale, MS</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 1 Twn 35 Rng 6W</u>
Telephone No. () _____	Distance <u>1</u> Miles Direction <u>W</u> of Nearest Town <u>Agricola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-29-05 Date well drilling completed: 4-29-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 4-29-05

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: plastic

Screen length: 40 feet Screen diameter: 4 inches Type of screen: plastic

Screen slot size: _____ 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.

Michael Pierce 0296 Print Name of Water Well Contractor and License No.
Michael Pierce Signature of Water Well Contractor

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BY: OLWR

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

County: George
 Permit #: _____
 Driller: Pierce Well
 Date completed: 4-30-05

Aquifer: _____
 Well #: L-126
 Elevation: _____

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>Kendall Stringfellow</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey
<u>Same</u>	USGS quad, Hand-held GPS, Survey grade GPS
City _____ State _____ Zip Code _____	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>1</u> Twn <u>3S</u> Rng <u>6W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____ Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify) _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify) _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>120</u> feet Number of Stages: <u>9</u>
Date Pump Installed: <u>4-30-05</u>	
Rated Pump Capacity: <u>120</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-30-05</u>	Air Line _____ Electric Measuring Line _____ 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	
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>120</u> Gallons Per Minute	Well yielded <u>120</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>20</u> feet after <u>4</u> hours of pumping

I 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)

Michael Pierce
 Signature of Pump Installer

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 BY: OLWR