

County: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 7-4-07

**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 #: L-163  
 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**  
*(Landowner if borehole is not for a water well)*  
 Owner Name: Rae Barange  
 Mailing Address: 5182 Hwy 63 South  
Lumbale ms 39452  
 City State Zip Code  
 Telephone No. (601) 947-2211

**Well or Borehole Location**  
 Latitude: ~~30~~ <sup>30</sup>° ~~35~~ <sup>48</sup>' ~~70~~ <sup>47</sup>" Longitude: ~~88~~ <sup>88</sup>° ~~48~~ <sup>35</sup>' ~~70~~ <sup>47</sup>"  
 Method of Lat/Long (circle one): Conventional Survey, \_\_\_\_\_  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NW <sup>1/4</sup> SW <sup>1/4</sup> Sec 94 Twn 35 Rng 6W  
 Distance 7 Miles Direction South of Nearest Town Lumbale

**Well / Borehole Data**  
 Date drilling started: 7-4-07 Date drilling completed: 7-4-07 Hole depth: 120 Hole diameter: 2  
 Location of the source of any surface water used for drilling: Aquifer, ms  
 Method of dosing and volume of Chlorine used in drilling and development: 4gal chlorine 2500 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: 5 feet above  below (circle one) land surface Date measured: 7-4-07  
 Method of Measurement (circle one) steel tape electric tape  air line other: \_\_\_\_\_  
 Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix  
 Casing length: 110 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 11  
 Screen slot size: 6 inches Setting depth: From 0 feet to 120 feet  
10 Foot Screen 110 Casing  
 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 OLWR-SWR-1A  
**RECEIVED**

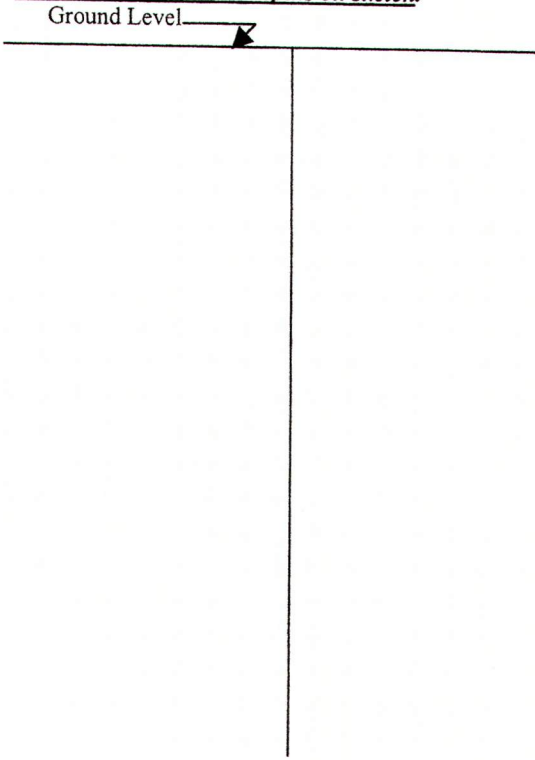
JUL 18 2007

BY: OLWB

L-163

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
white sand	0	40
Green clay	40	80
grey sand	80	120

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: Rod Borang

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 PIERCE      0-780      7-4-07

Form: OLWR-SWR-1A  
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BY: OLWR  
Signature of Licensee: [Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# 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: DeSoto  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 7-4-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-163  
 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>Loe Bozang</u>	Latitude: <u>88-35-780</u> Longitude: <u>30-48-784</u>
Mailing Address: <u>5182 Hwy 63 South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> <u>ms</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 9 T 35 R 6W</u>
Telephone No. (601) <u>947-2211</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>South</u> of <u>Lucedale, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</u>
Date Pump Installed: <u>7-4-07</u>	Setting Depth: <u>100 FT Jetline</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-4-07</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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>4</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

JOEL PIERCE 0-780 Joel P. JUL 18 2007  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer BY: OLWR  
 Form: OLWR'SWR-1B