

County: DeWitt  
 Permit #: 0-780  
 Driller: W. J. Gaultier  
 Date drilling completed: 4-25-08

**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 39239-0631  
 601/961-5210  
 1601/354-6938 (fax)

For Office Use Only:  
 Addressee: \_\_\_\_\_  
 Well #: L-184  
 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: Joseph Miller  
 Mailing Address: Bradley Rd 112  
Woodale MS 39452  
 City State Zip Code  
 Telephone No: 228 218-1531

**Well or Borehole Location**  
 Latitude: 88 33 38 Longitude: 90 44 58  
 Method of Lat/Long: Hand-held GPS  
 USGS quad: 24 35 Sec: 35 Twp: 35 Rng: 6W  
 Distance: 4 Miles Direction: West Nearest Town: Agula, MS

**Well Borehole Data**

Date drilling started: 4-25-08 Date drilling completed: 4-15-08 Hole depth: 80 Hole diameter: 2  
 Location of the source of any surface water used for drilling: Agula MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine  
 Log run (circle all applicable): (No logs) Electric Gamma Ray Density Sonic Neutron Other \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_  
 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  below (circle one) land surface Date measured: 4-25-08  
 Method of Measurement (circle one): steel tape electronic tape air line other \_\_\_\_\_  
 Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Min.  
 Casing length: 70 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80  
 Screen slot size: 6 inches Setting depth: From 0 feet to 80 feet  
10 ft casing 70 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-

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The sketch below must be required for water wells

If well telescopes, show depths on sketch.

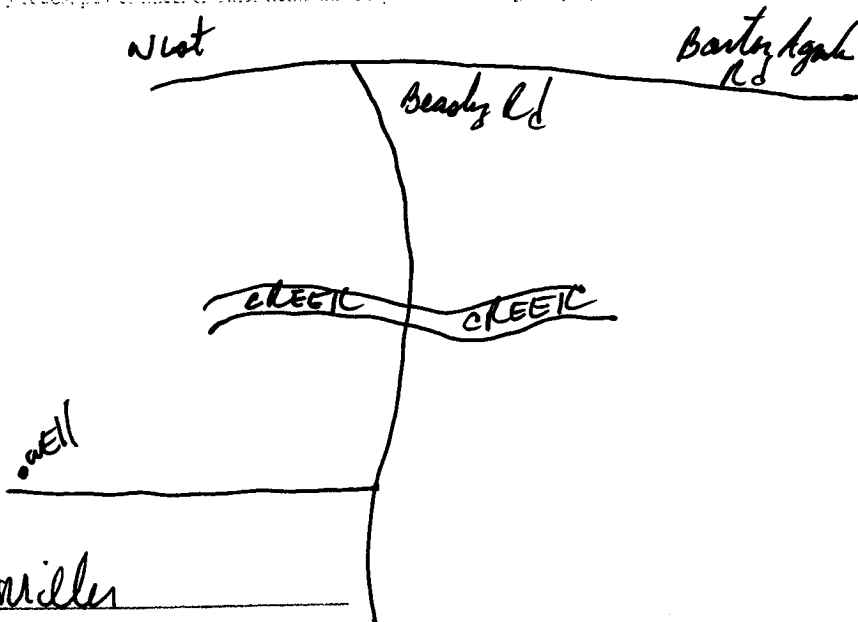


Description of formations encountered must be measured on all wells and boreholes, unless specifically exempted by regulation.

Description of Formations Encountered	From Depth	To Depth
	(From Depth)	(To Depth)
white sand	0	5
yellow clay	5	25
red gravel	25	80

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 (including) Add 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: Joseph Miller

Form: OLR-5 (REV. 11/01)

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 Paine      0-780      4-25-80

Joel Paine  
 Signature of Licensee

Print Name of Responsible Licensee and License No.      Date

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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:

County: DeSoto  
 Permit #: 0-780  
 Driller: W. Joel Pierre  
 Date completed: 4-25-08  
Copy information from block on Part 1

Aquifer: \_\_\_\_\_  
 Well #: L-184  
 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**

Owner Name: Joseph Miller  
 Mailing Address: Beasley Rd 112  
Lumbah ms 39757  
 City State Zip Code  
 Telephone No. 228 218-1531

**Well Location**

Latitude: 88-33-738 Longitude: 88-44-568  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
NW 5W 35 35 6W  
 Distance Direction Nearest Town  
4 Miles west of Lumbah, ms

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket:  Piston  Turbine  
 Centrifugal:  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-25-08  
 Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
 Electric Motor  Hand  Tractor PTO  
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1  
 Setting Depth: 40 ft line feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: 4-25-08  
 Static Water Level (A): 3 Feet Below Land Surface  
 Pumping Water Level (B): 40 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface  
 Test Pumping Rate: 10 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 48 hours

**Method of Measuring Water Level**  
Circle one

Air Line  Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 10 GPM with a drawdown of  
2 feet after 48 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Joel Pierre 0-780 Joel Pierre  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form OLWR-SWR

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