

County: George  
 Permit #: 0-780  
 Driller: Joel Pierre  
 Date drilling completed: 3-31-10

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: L 204  
 Well #: \_\_\_\_\_  
 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: Crystal Williams  
 Mailing Address: 112 CCC Rd  
Caudah MS 39452  
 City State Zip Code  
 Telephone No: (601) 508-9495

**Well or Borehole Location**  
 Latitude: 30° 49' 06.2" N Longitude: 88° 35' 15.7" W  
 Method of Lat Long (circle one): Conventional Survey  
 USGS quad: \_\_\_\_\_ Hand-held GPS: \_\_\_\_\_ Survey-grade GPS: \_\_\_\_\_  
~~NE~~ SW ~~SE~~ NE Sec: 4 Twn: 35 Rng: 6W  
 Distance: 4 Miles Direction: west of Nearest Town: Agula, MS

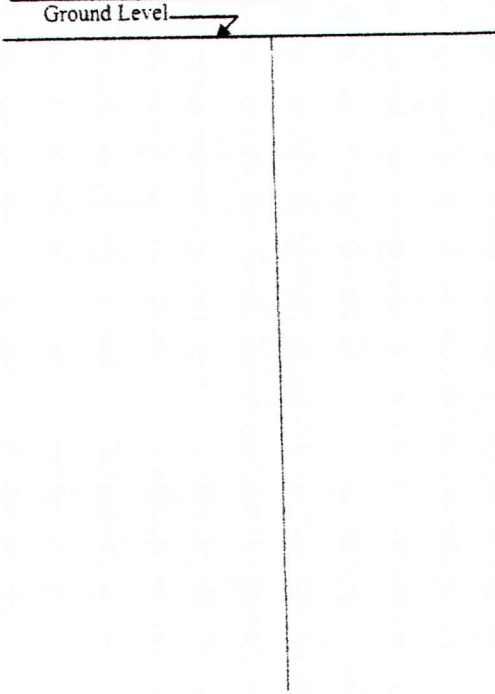
**Well / Borehole Data**  
 Date drilling started: 3-30-10 Date drilling completed: 3-31-10 Hole depth: 110 Hole diameter: 4 inches  
 Location of the source of any surface water used for drilling: Agula, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 4 ppl chlorine 2000 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: 3 feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix  
 Casing length: 100 feet Casing diameter: 4 inches Type of casing: sch 40 Plastic  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40 Plastic  
 Screen slot size: 10 inches Setting depth: From 0 feet to 110 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 next page*

Form: OLWR-SWR-1A (04/08)  
**RECEIVED**  
**APR 05 2010**  
**BY: OLWR**

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

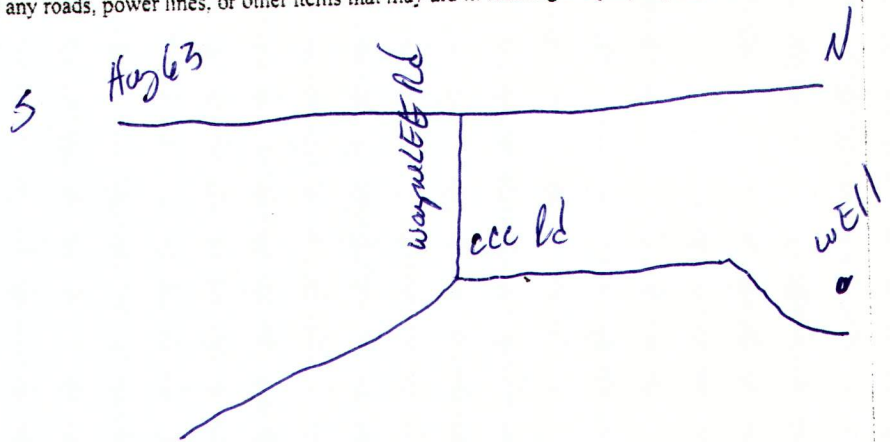


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
red sand	0	5
	<del>50</del>	-
green clay	5	70
gravel	70	110

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: Crystal Williams

Form: OLWR-SWR-1A (04-08)

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 Prew - 0780      3-31-10

Print Name of Responsible Licensee and License No.

Date

Joel Prew  
**RECEIVED**  
APR 05 2010  
Signature of Licensee

**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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Aquifer: L204  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: DeWitt  
Permit #: 0-780  
Driller: Joel Pien  
Date completed: 3-31-10

Copy information from block on Part 1

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>Crystal Williams</u>	Latitude: <u>30-49-062</u> Longitude: <u>88-35-157</u>
Mailing Address: <u>112 CCC Rd</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Lumbardale ms 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE SE 4 T 35 R 6W</u>
Telephone No. <u>(601) 508-9045</u>	Distance Direction Nearest Town
	<u>4 Miles west of Azula, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2hp</u>
Date Pump Installed: <u>3-31-10</u>	Setting Depth: <u>60 Drop Pipe</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-31-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</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 Pien 0-780  
Print Name of Pump Installer and License No. (if applicable)

Joel Pien  
Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)