

County: George  
 Permit #: 0-780  
 Driller: Joel Pious  
 Date drilling completed: 8-2-10

**State Well Report**  
 Part 1 - 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 205  
 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: Delmas Nursery  
 Mailing Address: 111 Barton Aquila Rd  
Lumbah MS 39452  
 City State Zip Code  
 Telephone No. (228) 219-6511

**Well or Borehole Location**  
 Latitude: 30-45-54<sup>48</sup> Longitude: 88-35-21  
 Method of Lat Long (circle one): Conventional Survey  
 GPS quad  B-hole GPS  Survey-grade GPS  
 N 1/4 Sec 28 Twn 35 Rng 6W  
 Distance 5 Miles West of Aquila, MS

**Well / Borehole Data**

Date drilling started: 8-2-10 Date drilling completed: 8-2-10 Hole depth: 130 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquila, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 400ml Chlorine

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 or  below (circle one) land surface Date measured: 8-2-10  
 Method of Measurement (circle one) steel tape electric tape  air line other: \_\_\_\_\_

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 110 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 Plastic  
 Screen slot size: 10 inches Setting depth: From 0 feet to 130 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**

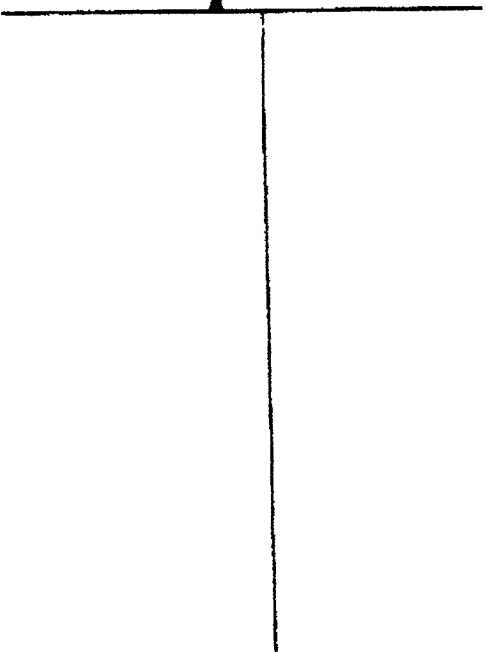
Form: OLWR-SWR-1A/04/0

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 BY: OLWR

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.  
Ground Level  $\rightarrow$



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red sand	0	20
white clay	20	30
white sand	30	150

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.

S Hwy 63 N

• WELL

Barton Aquila Rd

Landowner Name: Delmas Musey

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.

Opel Pious 0-780 8-2-10  
Print Name of Responsible Licensee and License No. Date

Opel Pious  
Signature of Licensee

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

County: DeWitt  
 Permit #: 0-7809  
 Driller: Joel Pi  
 Date completed: 8-2-10  
Copy information from block on Part 1

For Office Use Only:

Aquifer: L205  
 Well #: \_\_\_\_\_  
 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>Delmar Muesey</u>	Latitude: <u>30-45-834</u> Longitude: <u>88-35-801</u>
Mailing Address: <u>111 Barton square rd</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Lumbolt MS 39452</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 28 T 35 R 6W</u>
Telephone No. <u>(228) 219-6511</u>	Distance Direction Nearest Town <u>5</u> Miles <u>west</u> of <u>Aguila, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8-2-10</u>	Setting Depth: <u>60 drop lift</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-10</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</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>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</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	

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

Joel Pi 0-780 Joel Pi  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 05 2010  
 Form: OLWRSWRWB (04/08)