

State Well Report

Part 1 - Driller's Log

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: Dezoz
Permit #: 0-780
Driller: J. Piew
Date drilling completed: 10-28-14

For Office Use Only:
Aquifer: _____
Well #: L2341
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)	Well or Borehole Location
Owner Name: <u>Doug Cumber</u>	Latitude: <u>30° 45' 4"</u> Longitude: <u>89° 33' 7"</u>
Mailing Address: <u>High 63 Barton</u> <u>Aquila Rd</u> <u>Cucedale MS 39452</u>	Method of Lat/Long (circle one): Conventional Survey, ³³ USGS quad, Hand-held GPS, Survey-grade GPS <u>28</u> ^{SE} ^{SW} <u>1/4</u> <u>1/4</u> Sec <u>28</u> Twn <u>35</u> Rng <u>6W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles Direction: <u>South</u> of Nearest Town: <u>Cucedale, MS</u>
Telephone No. <u>228 382-4800</u>	

Well / Borehole Data

Date drilling started: 10-28 Date drilling completed: 10-28 Hole depth: 110 Hole diameter: 2

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 4gal chlo

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: 10-28-14

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): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 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)

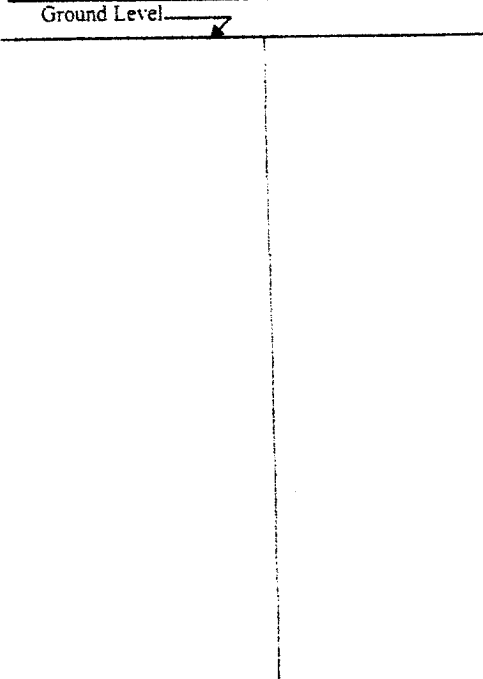
RECEIVED

NOV 03 2014

BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

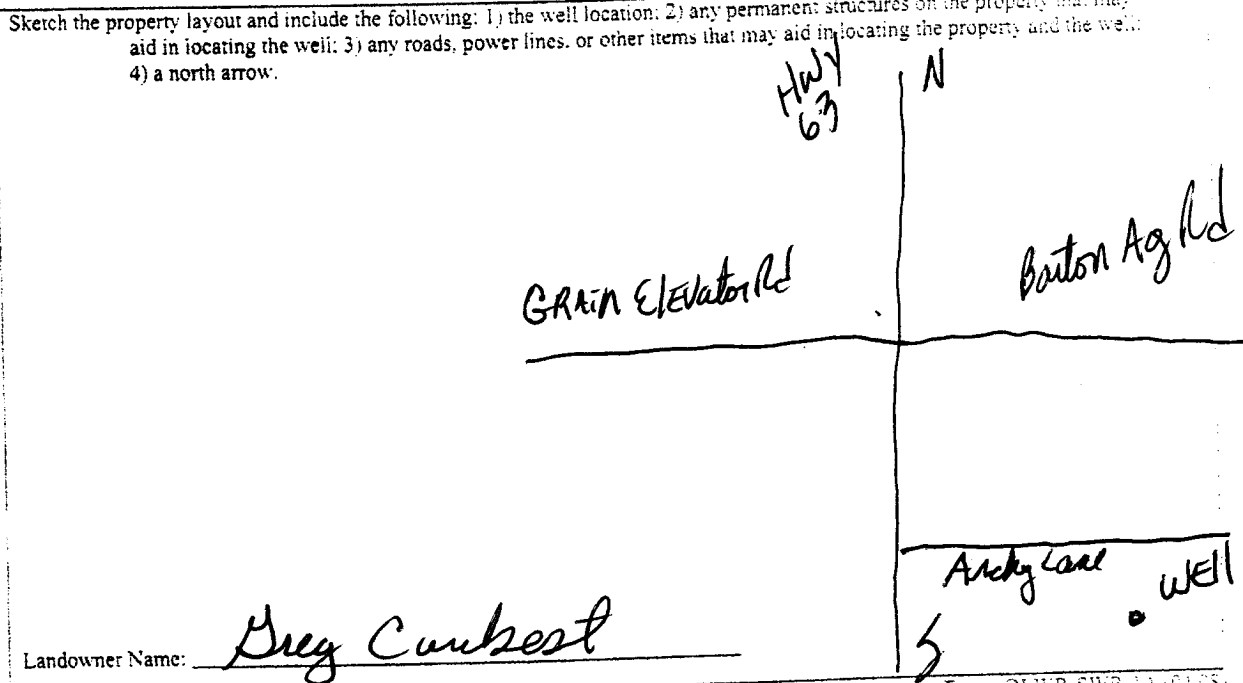


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red sand	0	20
clay	20	50
sand	50	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.



Form: OLWR-SWR-1A-104-05

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 regulation ²⁴ applicable and state laws.

Joel Pione 0-780 10-28-14 Joel Pione NOV 03 2014

Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
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: _____
 Well #: L-234
 Elevation: _____

County: DeSoto
 Permit #: 0-780
 Driller: J-Piehl
 Date completed: _____

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>Drey Cumbest</u>	Latitude: <u>30-45-4</u> Longitude: <u>88-37-7</u>
Mailing Address: <u>Hwy 63 South</u> <u>Boston Ag Rd</u> <u>Cucudah no 39452</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>28</u> T <u>35</u> R <u>6W</u>
Telephone No. <u>228 382-4800</u>	Distance <u>6</u> Miles Direction <u>South</u> of Nearest Town <u>Cucudah, 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 <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 hp</u>
Date Pump Installed: <u>10-28-14</u>	Setting Depth: <u>60</u> <u>Jump Pipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-28-14</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>40</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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	

This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

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

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

Joel Piehl
 Signature of Pump Installer

NOV 03 2014

BY: OLWR