

City: George

Permit #: \_\_\_\_\_  
Driller: Pierce Well  
Date drilling completed: 12-21-04

### Well Driller Report and Well 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 #: M-145 39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information            | Well Location   |
|-----------------------------------|---|
| Owner Name: <u>Buddy Williams</u> | Latitude: _____ Longitude: _____  |
| Mailing Address: _____            | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>hucedale</u> <u>MS</u>         | <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>30</u> Twn <u>25</u> Rng <u>5W</u>                                   |
| City State Zip Code               | Distance Direction Nearest Town   |
| Telephone No. (____) _____        | <u>1</u> Miles <u>N</u> of <u>Agricola</u>  |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 12-21-04 Date well drilling completed: 12-21-04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 12-21-04

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 125' Well depth: 125' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120' feet - Casing diameter: 2" inches Type of casing: plastic

Screen length: 5' feet Screen diameter: 2" inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael Pierce 0296  
Print Name of Water Well Contractor and License No.

Michael Pierce  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-145  
Elevation: \_\_\_\_\_

39

County: George  
Permit #: \_\_\_\_\_  
Driller: Pierce Well  
Date completed: 12-22-04

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information            | Well Location  |
|-----------------------------------|--|
| Owner Name: <u>Buddy Williams</u> | Latitude: _____ Longitude: _____   |
| Mailing Address: _____            | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>hucedale Ms</u>                | <u>SE 1/4 NE 1/4 Sec. 30 Twn. 28 Rng. 5W</u>   |
| City State Zip Code               | Distance Direction Nearest Town  |
| Telephone No. (____) _____        | <u>1</u> Miles <u>N</u> of <u>Agriola</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine               | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well     | Windmill Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>12-22-04</u>  | Setting Depth: <u>80</u> feet  |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                               | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>12-22-04</u>                          | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>75</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface     | Well yielded <u>8</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>10</u> Gallons Per Minute            | <u>5</u> feet after <u>4</u> hours of pumping  |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours    |  |

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

Pierce, Michael 0296 Michael Pierce  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JAN 06 2005  
BY: OLWR