

County: George 039  
 Permit #: \_\_\_\_\_  
 Driller: Pierce Well  
 Date drilling completed: 1-19-05

**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-146  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*Pierce Water Well Service*

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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Joseph Rainey</u>          Mailing Address: <u>138 Jimmy Stog Rd</u>  <u>Rucedale MS</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well Location</b></p> <p>Latitude: <u>30.45.13"</u> Longitude: <u>88.30.20"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 1/4 NE 1/4</u> Sec <u>29</u> Twn <u>35</u> Rng <u>5W</u>  <u>SW</u>          Distance Direction Nearest Town  <u>1</u> Miles <u>N</u> of <u>Jackson Coline m61B</u></p>
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**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 1-19-05 Date well drilling completed: 1-19-05  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 90 feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 150' Well depth: 150' Well grouted to a depth of 15' feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 140' feet Casing diameter: 2" inches Type of casing: plastic  
 Screen length: 10' 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

**RECEIVED**

If well telescopes please sketch below and show depths.

FEB 16 2005  
 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)

County: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: 1  
Well #: M-146  
Elevation: \_\_\_\_\_

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>Joseph Rainey</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ _____ _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>29</u> Twn <u>3</u> Rng <u>5</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town <u>1</u> Miles <u>N</u> of <u>Jackson Co Line</u> (with #) <u>3</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>1-20-05</u>	Setting Depth: <u>120</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>1-20-05</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>8</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.

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

FEB 16 2005  
BY: OLWR