

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)

For Office Use Only:

Aquifer: _____
Well #: M215
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-780
Driller: J. Piew
Date drilling completed: 4/21/12

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>Bob Taylor</u>	Latitude: <u>30° 44' 15.5"</u> Longitude: <u>88° 26' 46.2"</u>
Mailing Address: <u>111 County Oak Circle</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Lumbah MS 39452</u>	USGS quad: <u>SW 1/4 SW 1/4 Sec 36 Twn 35 Rng 5W</u>
City State Zip Code	SE Distance Direction Nearest Town
<u>251 232-7841</u>	<u>6 Miles SE of Agula, MS</u>

Well / Borehole Data

Date drilling started: 4-21 Date drilling completed: 4-21 Hole depth: 180 Hole diameter: 2

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: 2000 water 4 gal 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: 4-21-12

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 170 feet to 180 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)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

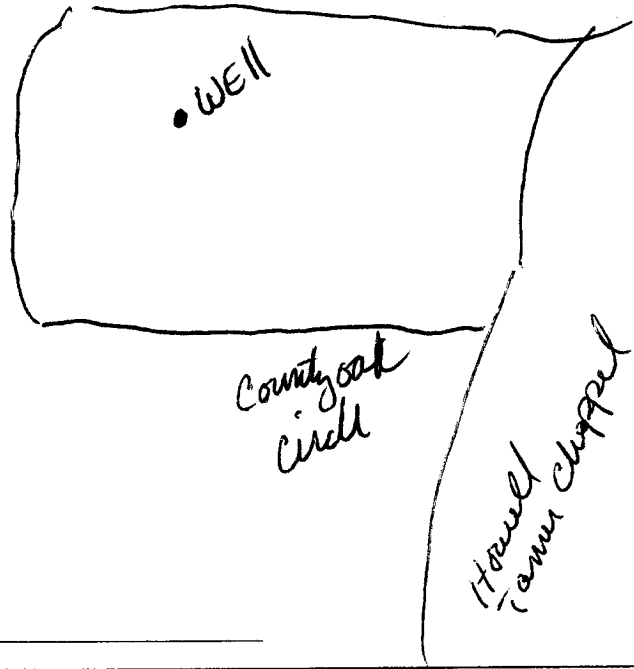
Ground Level \rightarrow

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sand	0	20
yellow clay	20	50
yellow sand	50	90
grey clay	90	120
Brown sand	120	180

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: Bob Taylor

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 PIERCE
Print Name of Responsible Licensee and License No.

4-21-12
Date

Joel P.
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)

For Office Use Only:

Aquifer: _____

Well #: M 215

Elevation: _____

County: George
 Permit #: 0-780
 Driller: J. Piel
 Date completed: 4-21-12
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>Bob Taylor</u>	Latitude: <u>30-44-153</u> Longitude: <u>88-26-402</u> 09 24
Mailing Address: <u>111 County Oak Circle</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbard MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 36 T 35 R 5W</u>
Telephone No. <u>(251) 232-7841</u>	Distance <u>6</u> Miles Direction <u>SE</u> of Nearest Town <u>Aquila, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-21-12</u>	Setting Depth: <u>80 Jet line</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 Circle one
Date Well Tested: <u>4-21-12</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>80</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>5</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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Joel Piel

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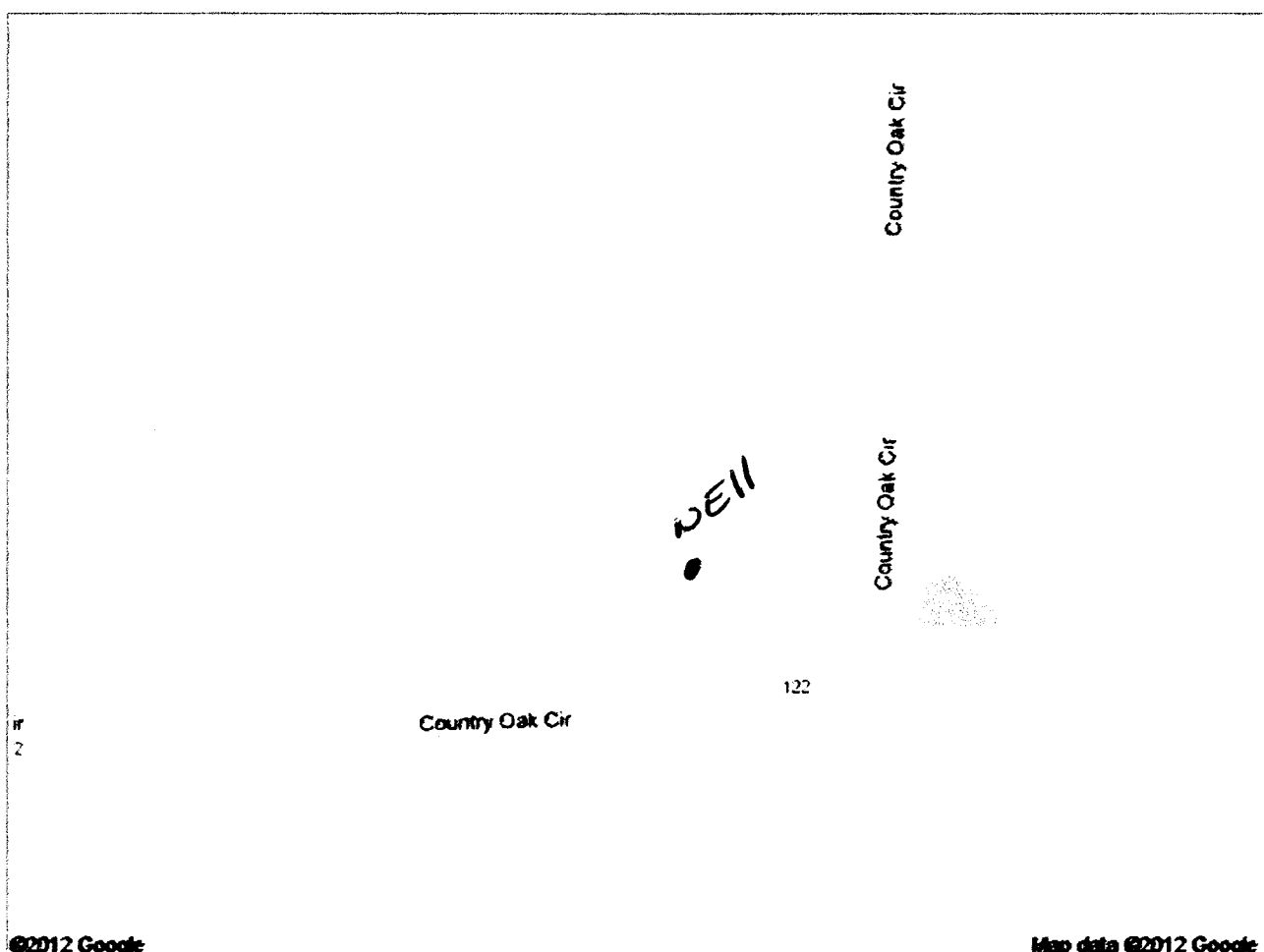
Howell Grocery, Mississippi 612, near
Lucedale, George, Mississippi

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A. Howell Grocery
 6152 Mississippi 612, Lucedale, MS
 (601) 947-8310
 1 review

George Co.
 M215



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