

State Well Report

Part I - 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 #: M217
L.S. Elevation: _____
E-log #: _____

County: DeSoto
Permit #: 0-780
Driller: J. Pione
Date drilling completed: 11-27-12

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>Billy Anderson</u> | Latitude: <u>30.48 87.57</u> Longitude: <u>88.31 27.2</u> <u>18 28.8 52.2</u> <u>52.8 18.6 16.2</u> |
| Mailing Address: <u>220 Hwy 613</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>LUCEDALE MS 39452</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code | <u>NW 1/4 Sec 5</u> <u>SE 1/4 Sec 6</u> <u>Twn 35N</u> <u>Rng 5W</u> |
| Telephone No. <u>(601) 508-7341</u> | Distance <u>SE</u> Direction <u>North</u> Nearest Town <u>Aguada, MS</u> <u>1/2</u> Miles of <u>Aguada, MS</u> |

Well / Borehole Data

Date drilling started: 11-27-12 Date drilling completed: 11-27-12 Hole depth: 60 Hole diameter: 2

Location of the source of any surface water used for drilling: Aguada, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water tapal chlor

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 _____

Sismic 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: 3 feet above or below (circle one) land surface Date measured: 11-27-12

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: 3/4 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 3/4 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 60 feet

Type of completion (circle all applicable): Gravel packed Undrilled Telescoped Open hole Natural Development

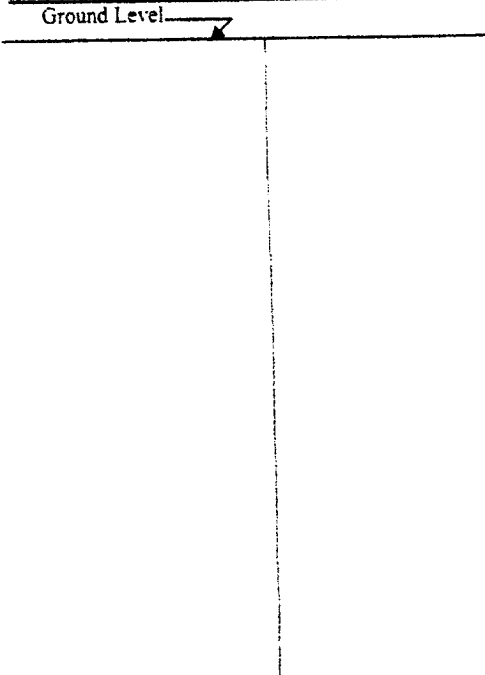
Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

The sketch below only required for water wells

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

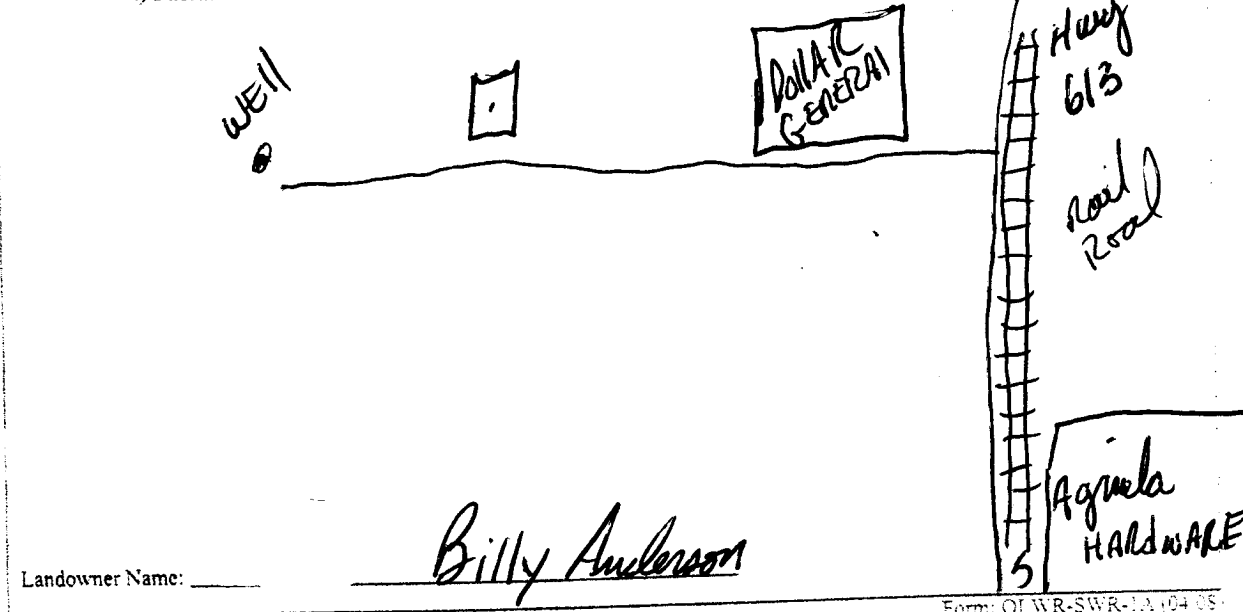
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) Ground Level | To (depth) |
|---------------------------------------|------------------------------|------------|
| white sand | 0 | 5 |
| yellow clay | 5 | 15 |
| brown sand | 15 | 60 |
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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 (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 0-780
11-27-12
Joel P
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: George
 Permit #: 0-780
 Driller: J. Pierce
 Date completed: 11-27-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M217
 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>Billy Anderson</u> | Latitude: <u>30-29-867</u> Longitude: <u>88-31-272</u> |
| Mailing Address: <u>220 Hwy 613</u> | Method of Lat Long (check one): Conventional Survey _____ |
| <u>Luedak MO 39452</u> | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | <u>NW 1/4 Sw 6 T 35 R 5W</u> |
| Telephone No. <u>(601) 508-2341</u> | Distance Direction Nearest Town <u>1/2</u> Miles <u>North</u> of <u>Aquila, MS</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 hp</u> |
| Date Pump Installed: <u>11-27-12</u> | Setting Depth: <u>40 Drop Pipe</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>11-27-12</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>3</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>20</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 | |

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

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

Form: OLWR-SWR-1B (04/01)