

County: Greene  
 Permit #: 0-780  
 Driller: J. Pierce  
 Date drilling completed: 8-15-11

**State Well Report**  
 Part I - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39228  
 (601) 961-5210  
 (601) 961-5228 (fax)

For Office Use Only  
 Account: \_\_\_\_\_  
 Well #: L48  
 D. S. #: \_\_\_\_\_  
 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)  
 Owner Name: Greene County Prison  
 Mailing Address: Highway 63 north  
Leaksville MS 39452  
 City State Zip Code  
 Telephone No. (601) 394-5600

**Well or Borehole Location**  
 Latitude: 31 10 872 Longitude: 88 36 244  
 50 1A  
 Method of Lat Long (circle one): Conventional Survey  
 USGS quad: 543 ABW Sec: 29 Twp: 3N Rng: 6W  
 SE NE 32  
 Distance: 1.12 Miles Direction: north Nearest Town: Leaksville, MS

**Well / Borehole Data**  
 Date drilling started: 8-15-11 Date drilling completed: 8-15-11 Hole depth: 130 Well diameter: 4  
 Location of the source of any surface water used for drilling: 2000 water 4 gal chlorine  
 Method of dosing and volume of Chlorine used in drilling and development: Aquana, MS  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite  
 Casing length: 110 feet Casing diameter: 4 inches Type of casing: sch 40 Plastic  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40 Plastic  
 Screen slot size: 10 inches Setting depth: From 0 feet to 130 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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# 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 48  
 Elevation: \_\_\_\_\_

County: Leaksville  
 Permit #: 0-780  
 Driller: J-Pier  
 Date completed: 8-15-11  
*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**

Owner Name: Deane County Prison  
 Mailing Address:  Hwy 63 North  
 Leaksville, MS 39452  
 City State Zip Code  
 Telephone No. (601) 394-5600

**Well Location**

Latitude: 31-10-832 Longitude: 88-36-244  
 Method of Lat Long (check one): Conventional Survey  50  14  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS   
Sec 29 T 31 R 6W  
 SE NE Direction 32 Nearest Town  
1 1/2 Miles north of Leaksville, MS

**Pump Type**  
Circle one

Air Lift: Jet  Submersible  
 Bucket: Piston  Turbine   
 Centrifugal: Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8-15-11  
 Rated Pump Capacity: 120 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
Electric Motor  Hand  Tractor PTO   
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 7 1/2  
 Setting Depth: 130 drop pipe feet  
 Number of Stages: 20

**Pump Test Data**

Date Well Tested: 8-15-11  
 Static Water Level (A): 5 Feet Below Land Surface  
 Pumping Water Level (B): 80 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 5 Feet Below Land Surface  
 Test Pumping Rate: 120 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 48 hours

**Method of Measuring Water Level**  
Circle one

Air Line  Electric Measuring Line  Steel Tape   
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 120 GPM with a drawdown of  
5 feet after 48 hours of pumping

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

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

Joel Pier  
 Signature of Pump Installer

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