

County: Greene  
 Permit #: 0-780  
 Driller: Joel Peur  
 Date drilling completed: 6-18-08

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-84  
 L. S. Elevation: φ38  
 E-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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Austin Hillman</u>   | Latitude: <u>88° 40' 986"</u> Longitude: <u>31° 07' 380"</u>                         |
| Mailing Address: <u>Hwy 57 Leaksville</u>   | Method of Lat/Long (circle one): Conventional Survey, <u>59 23</u>                   |
| <u>Leaksville</u> MS <u>39566</u>   | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                                   |
| City State Zip Code   | <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>17</u> Twn <u>2 N</u> Rng <u>6 W</u>              |
| Telephone No. <u>(601) 394-7475</u>   | Distance <u>8</u> Miles Direction <u>South</u> of Nearest Town <u>Leaksville, MS</u> |

**Well / Borehole Data**

Date drilling started: 6-18-08 Date drilling completed: 6-18-08 Hole depth: 150 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 4 gal above 2000 water

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: 3 feet above or below (circle one) land surface Date measured: 6-18-08

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 Plastic

Screen slot size: 8 inches Setting depth: From 0 feet to 150 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**



# 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: Dee  
 Permit #: 0-780  
 Driller: Joel Piree  
 Date completed: ~~0-780~~ 6-18-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P-89  
 Elevation: 038

*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>Austin Killman</u>         | Latitude: <u>88-40 986</u> Longitude: <u>31-07-380</u>                                    |
| Mailing Address: <u>Hwy 57 Leaksville</u> | Method of Lat/Long (check one): Conventional Survey _____                                 |
| <u>Leaksville MS 39566</u>                | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code                       | <u>SE 1/4 SE 1/4 Sec 17 T 2N R 6W</u>   |
| Telephone No. <u>(601) 394 7475</u>       | Distance <u>8</u> Miles Direction <u>South</u> Nearest Town <u>Leaksville, MS</u>         |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                           |
| Bucket Piston Turbine   | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well   | Windmill Other (specify): _____                                     |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>                               |
| Date Pump Installed: <u>6-18-08</u>   | Setting Depth: <u>80 set line</u> feet                              |
| Rated Pump Capacity: <u>8</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>6-18-08</u>                           | <input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>3</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>8</u> GPM with a drawdown of                                    |
| Test Pumping Rate: <u>8</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 Piree 0-780 Joel Piree  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer