

County: Deane  
 Permit #: 0-780  
 Driller: W. Gael Pierce  
 Date drilling completed: 11-16-07

**State Well Report**  
**Part 1 - Driller's 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 #: 5-21  
 L. S. Elevation: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Frank Hinton</u>	Latitude: <u>88° 40' 48"</u> Longitude: <u>31° 01' 38"</u>
Mailing Address: <u>1313 Vernal River Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>25</u>
<u>Headsville</u> MS <u>39643</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>26</u> Twn <u>1N</u> Rng <u>7W</u>
Telephone No. (601) <u>947-6242</u>	Distance Direction Nearest Town <u>6</u> Miles <u>west</u> of <u>Lauderdale, MS</u>

**Well / Borehole Data**

Date drilling started: 11-16-07 Date drilling completed: 11-16-07 Hole depth: 310 Hole diameter: 4 inch

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 chlorine 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 \_\_\_\_\_  
 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: 11-16-07

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

Well depth: 310 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 80 11

Screen slot size: 6 inches Setting depth: From 0 feet to 310 feet

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

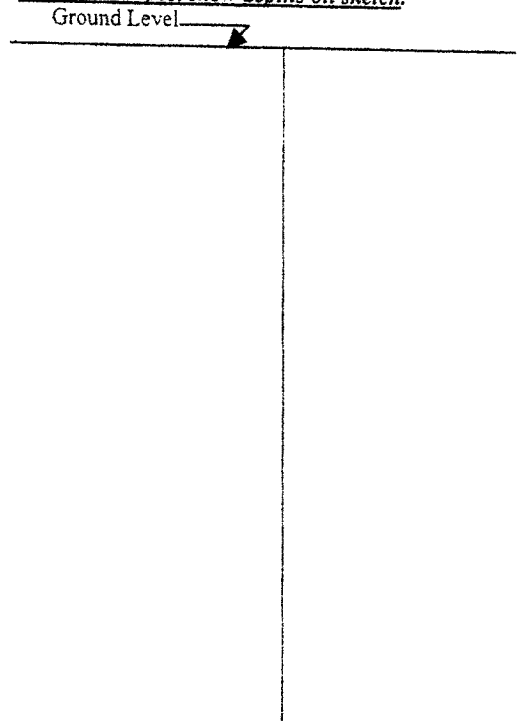
Other (describe): \_\_\_\_\_

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

**RECEIVED**  
 NOV 29 2007  
 BY: OLWR

The sketch below only required for water wells

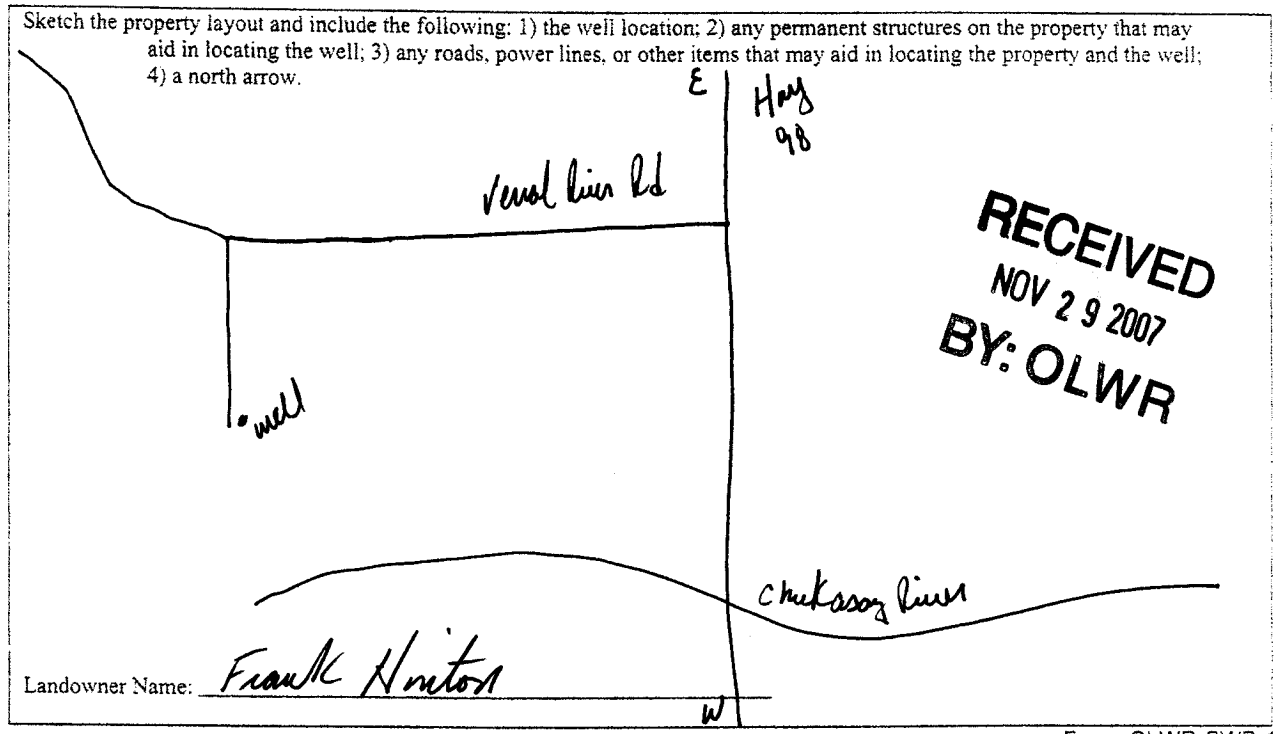
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
white sand	0	30
Green clay	30	240
grey sand black rock	240	310

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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 Pient      0-780      11-17-07      Joel Pient  
 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: 4 Hennis  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 11-16-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5-21  
 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**

Owner Name: Frank Vintea  
 Mailing Address: 1313 Vernal Run Rd  
Centerville MS 39843  
 City State Zip Code  
 Telephone No. (601) 947-6242

**Well Location**

Latitude: 88-40-418 Longitude: 31-01-318  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
NE 1/4 NW 1/4 Sec 26 T 1N R 7W  
 Distance Direction Nearest Town  
6 Miles west of Lumbago, ms

**Pump Type**  
Circle one

Air Lift	Jet	<input checked="" type="radio"/> Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 11-17-07  
 Rated Pump Capacity: 100 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO

Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 3hp  
 Setting Depth: 20 drop pipe  
 Number of Stages: 10

**Pump Test Data**

Date Well Tested: 11-17-07  
 Static Water Level (A): 3 Feet Below Land Surface  
 Pumping Water Level (B): 20 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface  
 Test Pumping Rate: 100 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 48 hours

**Method of Measuring Water Level**  
Circle one

<input checked="" type="radio"/> Air Line	Electric Measuring Line	Steel Tape
---	-------------------------	------------

Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 100 GPM with a drawdown of  
2 feet after 48 hours of pumping

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