

County: Brenn  
 Permit #: 0-780  
 Driller: Joel Pirel  
 Date drilling completed: 4-29-09

**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 #: S 26  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Neil Smith</u>          Mailing Address: <u>128 Southland Dr</u>  <u>Lumbah ms 39452</u>          City State Zip Code          Telephone No. <u>(601) 508 9801</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>31° 00' 99"</u> Longitude: <u>88° 43' 006"</u>          Method of Lat/Long (circle one): Conventional Survey, <u>01" 00"</u>          USGS quad, Hand-held GPS, Survey-grade GPS  <u>S 29</u> 1/4 <u>SE</u> 1/4 Sec <u>29</u> ✓ Twn <u>1N</u> ✓ Rng <u>7W</u> ✓          NE SW          Distance Direction Nearest Town  <u>10</u> Miles <u>DN</u> of <u>Lumbah, ms</u></p>
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**Well / Borehole Data**  
 Date drilling started: 4-29-09 Date drilling completed: 4-29-09 Hole depth: 80 Hole diameter: 4 inch  
 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 chh  
 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 of below (circle one) land surface Date measured: 4-29-09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 70 feet Casing diameter: 4 inches Type of casing: Sch 40 Plaster  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40 Plaster  
 Screen slot size: 10 inches Setting depth: From 0 feet to 80 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: OLV-11-01-08

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 MAY 27 2009  
 BY: OLWR



# 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: DeWitt  
 Permit #: 0-780  
 Driller: Joel Piere  
 Date completed: 4-29-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 526  
 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>Neil Smith</u>	Latitude: <u>31 00 944</u> Longitude: <u>88-43-006</u>
Mailing Address: <u>128 Southland Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbah ms 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 29 T 1N R 7W</u>
Telephone No. <u>(601) 508-9801</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>NW</u> of <u>Lumbah, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-29-09</u>	Setting Depth: <u>70</u> <u>Drop Pipe</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-29-09</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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 Piere 0-780 **RECEIVED**  
MAY 27 2009

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

Form 304-WR-3 (WR-1) 04/08 BY OLWR