

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Pierce W.W. Drilling  
 Date drilling completed: 11-11-04

Well Driller Report and Well 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 #: U-51  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

41

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Floyd Roberts</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>Hwy 63 N</u> <u>Leakesville Ms</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 17 Twn 1N Rng 5W</u>
Telephone No. <u>(601) 394-5744</u>	Distance _____ Miles Direction _____ of Nearest Town <u>SE Leakesville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 11-11-04 Date well drilling completed: Same

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 11-11-04

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

Hole depth: 68' Well depth: 68' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 2" inches Type of casing: plastic

Screen length: 5 feet Screen diameter: 2" inches Type of screen: plastic

Screen slot size: 006 inches Setting depth: From 63 feet to 68 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael Pierce 0296  
 Print Name of Water Well Contractor and License No.

Michael Pierce  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

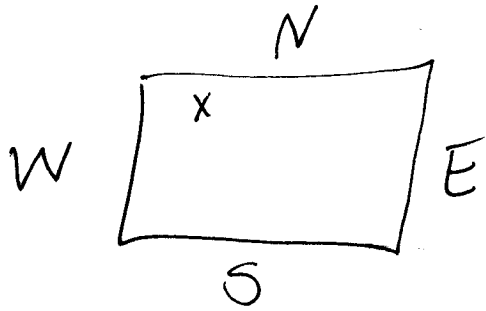
Ground Level U-51

(41)

Description of Formations Encountered	From	To
Top soil	0	10
Clay	10	30
good sand	30	68

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) indicate direction.



Landowner Name: Floyd Roberts

Michael Price  
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: Pierce Water Well Drilling  
 Date completed: 11-12-04

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 Aquifer: \_\_\_\_\_  
 Well #: U-51  
 Elevation: \_\_\_\_\_

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This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Floyd Roberts</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>same</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>same</u> Leakesville, Ms City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

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</u>
Date Pump Installed: <u>11-12-04</u>	Setting Depth: <u>55</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>11-12-04</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</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>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael Pierce 0296  
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce  
 Signature of Pump Installer

DEC 06 2004