

County: Jackson  
 Permit #: 0-780  
 Driller: W. Goeltz  
 Date drilling completed: 1-31-08

**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 #: A-113  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Carol Pryor</u>  | Latitude: <u>28° 47' 36" N</u> Longitude: <u>90° 41' 10" W</u>                   |
| Mailing Address: <u>23700 Old Belvoir Rd</u>  | Method of Lat/Long (circle one): <u>Hand-held GPS</u>                            |
| <u>Jackson county, MS 39567</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                                       |
| City _____ State _____ Zip Code _____   | <u>SE 1/4 SE 1/4 Sec 16 Twn 45 Rng 8W</u>  |
| Telephone No. <u>(601) 945-2300</u>   | Distance <u>20</u> Miles <u>NW</u> Direction of <u>Waveland, MS</u> Nearest Town |

**Well / Borehole Data**

Date drilling started: 1-31-08 Date drilling completed: 1-31-08 Hole depth: 100 Hole diameter: 2

Location of the source of any surface water used for drilling: Aspidula, 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 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: 4 feet above of below (circle one) land surface Date measured: 1-31-08

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2 inches Type of casing: sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 100 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*

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**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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: \_\_\_\_\_  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 1-31-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-113  
 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>Carol Bend</u>                             | Latitude: <u>28-47-608</u> Longitude: <u>30-41-164</u>  |
| Mailing Address: <u>23700 Old Peloxa Rd</u>               | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>Jackson</u> City <u>MS</u> State <u>39262</u> Zip Code | <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>16</u> T <u>45</u> R <u>8W</u>   |
| Telephone No. <u>(601) 945-7300</u>                       | Distance _____ Direction _____ Nearest Town _____<br><u>20</u> Miles <u>NW</u> of <u>Vanderburg, MS</u>   |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input checked="" type="radio"/> Jet      Submersible | Diesel Engine      Gasoline Engine      Natural Gas                        |
| Bucket      Piston      Turbine                                | <input checked="" type="radio"/> 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>1-31-08</u>                            | Setting Depth: <u>50 ft (lin)</u>  |
| Rated Pump Capacity: <u>10</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>1-31-08</u>                           | <input checked="" type="radio"/> Air Line      Electric Measuring Line      Steel Tape |
| Static Water Level (A): <u>4</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>10</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>10</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 Pierce      0-780      Joel Pierce  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer