

State Well Report

Part 1

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 #: B-48
L. S. Elevation: _____
E-log #: _____

County: Jackson 059
Permit #: _____
Driller: Pierce Well
Date drilling completed: 3-11-05

River Water Well Drilling

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

Owner Name: Diane Aldridge
Mailing Address: River Rd.
Vancleave, MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 28 Twn 45 Rng 7W
Distance 4 Miles Direction S of Nearest Town George Co Line

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-11-05 Date well drilling completed: 3-11-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 30' feet above or below (circle one) land surface Date measured: 3-11-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 65' Well depth: 65' Well grouted to a depth of 15 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 60' 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 _____ feet to _____ 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

Michael Pierce

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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APR 06 2005

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)

For Office Use Only:

Aquifer:

Well #: **B-48**

Elevation:

County: **Jackson**
Permit #:
Driller: **Pierce well**
Date completed: **3-12-05**

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: **Diane Aldridge**
Mailing Address: **Same**
City: State: Zip Code:
Telephone No. ():

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey.
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 28 Twp 4S Rng 6W
Distance Direction Nearest Town
4 Miles **S** of **George Co. Line**

Pump Type Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify):
Date Pump Installed: **3-12-05**
Rated Pump Capacity: **10** Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
☒ Electric Motor ☐ Hand ☐ Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor: **1**
Setting Depth: **55** feet
Number of Stages: **2**

Pump Test Data

Date Well Tested: **3-12-05**
Static Water Level (A): **30** Feet Below Land Surface
Pumping Water Level (B): **35** Feet Below Land Surface
Drawdown [(B) - (A)]: **5** Feet Below Land Surface
Test Pumping Rate: **10** Gallons Per Minute
Duration of Pump Test (minimum 4 hours): **4** hours

Method of Measuring Water Level Circle one

☒ Air Line ☐ Electric Measuring Line ☐ Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded **10** GPM with a drawdown of
5 feet after **4** hours of pumping

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

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

Michael Pierce
Signature of Pump Installer

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APR 06 2005

BY: OLWR