

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 6-15-09

**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 #: C135  
 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>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Henry Tillman</u>          Mailing Address: <u>4110 Pope Town Rd</u>  <u>Hubb, MS 39562</u>          City State Zip Code          Telephone No. <u>228 218-6130</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 42' 60"</u> Longitude: <u>88° 32' 832"</u>          Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>50</u>          USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS          NW 1/4 SW 1/4 Sec <u>13</u> Twn <u>45</u> Rng <u>6W</u>          Distance <u>3</u> Miles Direction <u>South</u> of Nearest Town <u>east webb, ms</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6-15-09</u> Date drilling completed: <u>6-15-09</u> Hole depth: <u>72</u> Hole diameter: <u>2</u></p> <p>Location of the source of any surface water used for drilling: <u>Acme, ms</u>          Method of dosing and volume of Chlorine used in drilling and development: <u>2000 water 4 gal chl</u></p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____</p> <p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>4</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-15-09</u></p> <p>Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____</p> <p>Well depth: <u>72</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix</p> <p>Casing length: <u>60</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>sch 40 Plast</u></p> <p>Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>sch 40 Plast</u></p> <p>Screen slot size: <u>10</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development          Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

RECEIVED  
 JUL 02 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 6-15-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C135  
 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>Deora Jallian</u>	Latitude: <u>30-42-620</u> Longitude: <u>89-32-832</u>
Mailing Address: <u>4110 Popl Tow Rd</u>	Method of Lat/Long (check one): <u>37</u> Conventional Survey <u>50</u>
<u>Mississippi</u> , <u>ms</u> <u>39562</u>	USGS quad _____, Hand-held GPS <u>✓</u> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> T <u>45</u> R <u>6W</u>
Telephone No. <u>(228) 218-6130</u>	Distance <u>3</u> Miles <u>SW</u> Direction <u>12</u> Nearest Town <u>North of East Wake, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" 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>6-15-09</u>	Setting Depth: <u>40 ft total</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>6-15-09</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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

Form: OLWR-SWR-1B

RECEIVED

JUL 02 2009

BY: OLWR