

County: Jackson  
 Permit #: ~~0-780~~  
 Driller: Joel Piers  
 Date drilling completed: 12-7-09

**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: C 139  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>William Taylor</u>	Latitude: <u>30° 39' 83"</u> Longitude: <u>88° 34' 145"</u>
Mailing Address: <u>111 Cap Johnson Rd</u>	Method of Lat Long (circle one): <u>Conventional Survey</u>
<u>Wade</u> <u>MS</u> <u>39562</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>27</u> Twn <u>45</u> Rng <u>6W</u>
Telephone No. <u>228</u> <u>218-5580</u>	Distance <u>2</u> Miles Direction <u>north</u> of Nearest Town <u>Wade, MS</u>

**Well / Borehole Data**

Date drilling started: 12-7-09 Date drilling completed: 12-7-09 Hole depth: 90 Hole diameter: 2

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 4gal chlorine

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: 3 feet above of below (circle one) land surface Date measured: 12-7-09

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: sch 40 Plast

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 40 Plast

Screen slot size: 10 inches Setting depth: From 0 feet to 90 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: OLWR-SWR-1A (04/08)

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C139

The sketch below only required for water wells.


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.  
Ground Level 

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
white sand	0	10
gray clay	10	50
red sand	50	90

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) a north arrow.



Landowner Name: William Taylor

Form: OLWR-SWR-1A (04/08)

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

Joel Pierre      0-786      12-7-09      Joel Pierre  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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# 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)

For Office Use Only:

Aquifer: C139  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: 0-780  
 Driller: Joel Pi  
 Date completed: 12-7-09  
Copy information from block on Part 1

*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>William Taylor</u>	Latitude: <u>30-39-963</u> Longitude: <u>88-34-145</u>
Mailing Address: <u>111 Cap Johnson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wade MS 39462</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 27 T 45 R 6W</u>
Telephone No. <u>(228) 218-5580</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>north</u> of <u>Wade, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet	Diesel Engine
Submersible	Gasoline Engine
Bucket Piston	Natural Gas
Turbine	Hand
Centrifugal Rotary	Tractor PTO
Flowing Well	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-7-09</u>	Setting Depth: <u>40 ft line</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>12-7-09</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>3</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	Steel Tape
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	Well yielded <u>10</u> GPM with a drawdown of
	<u>2</u> feet after <u>48</u> hours of pumping

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

Joel Pi 0-780 Joel Pi  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
 DEC 17 2009  
 Form OLWR 2004 (04/08)