

County: Jackson
 Permit #: _____
 Driller: Pierce W.W. Drilling
 Date drilling completed: 12-2-04

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 #: D-189 59
 L. S. Elevation: _____
 E-log #: _____

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>Hinton Bldg & Remodeling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Quail Ridge</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hurley Ms 39565</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 30 Twn 4S Rng 5W</u>
Telephone No. <u>(228) 355-0219</u>	Distance Direction Nearest Town <u>1 Miles SW of Hurley</u>

Well Data

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

Date well drilling started: 12-2-04 Date well drilling completed: 12-2-04

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-2-04

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

Hole depth: 60' Well depth: 60' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 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 55 feet to 60 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.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Jackson
 Permit #: _____
 Driller: Pierce W.W. Drilling
 Date completed: 12-3-04

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
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 Jackson, MS 39289-0631
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 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D-189
 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>Hinton Bldg. & Remodeling</u>			Latitude: _____ Longitude: _____		
Mailing Address: _____ <u>Sumr</u>			Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City	State	Zip Code	<u>NE 1/4 SE 1/4 Sec 30 Twn 4S Rng 5W</u>		
Telephone No. (____) _____			Distance	Direction	Nearest Town
			<u>1</u> Miles	<u>SW</u> of	<u>Hurley</u>

Pump Type Circle one			Power Type 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>12-3-04</u>			Setting Depth: <u>40</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>12-3-04</u>		<input checked="" type="radio"/> Air Line	Electric Measuring Line
Static Water Level (A): <u>20</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>25</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>10</u> Gallons Per Minute		Well yielded <u>10</u> GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours		<u>5</u> feet after <u>4</u> hours of pumping	

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

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

RECEIVED
 DEC 08 2004
 BY: OLWR