

# 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 #: D 195  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson 059  
Permit #: \_\_\_\_\_  
Driller: Pierce Well  
Date drilling completed: 3-9-05

Pierce 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	Well Location
Owner Name: <u>Brian Jeffcoat</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Janner Williams Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hurley, Ms</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 45 Rng 5W</u>
Telephone No. (____) _____	Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town <u>George Coline 613</u>

### Well Data

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

Date well drilling started: 3-9-05 Date well drilling completed: 3-9-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3-9-05

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

Hole depth: 42' Well depth: 42' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 37 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  
Print Name of Water Well Contractor and License No.

Michael Pierce  
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 #: D-195

Elevation: \_\_\_\_\_

County: Jackson

Permit #: \_\_\_\_\_

Driller: Pierce Well

Date completed: 3-10-05

**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	Well Location
Owner Name: <u>Brian Jeffcoat</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Same</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>9</u> Twn <u>45</u> Rng <u>5W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>S</u> of <u>George Coline 613</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-10-05</u>	Setting Depth: <u>35</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>3-10-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael Pierce 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