

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Pierce  
 Date drilling completed: 7-5-05

**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-205  
 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>Kenneth Mowdy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Ellis Hamilton Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hurley, MS</u>	<u>NE 1/4 NW 1/4 Sec 29 Twn 4S Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>1</u> Miles <u>W</u> of <u>Hurley</u>

**Well Data**

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

Date well drilling started: 7-5-05 Date well drilling completed: 7-5-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 7-5-05

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 10 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 02916 Michael Pierce  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 AUG 11 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-205  
Elevation: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Pierce  
Date completed: 7-6-05

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>Kenneth Mowdy</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>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>29</u> Twn <u>4S</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Hurley</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____
Date Pump Installed: <u>7-6-05</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>40</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-6-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	<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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AUG 11 2005

BY: OLWR