

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 01-20-07

### 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 #: D-253  
 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>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Nathan Cox</u>        Mailing Address: <u>24900 Hwy 613</u>  <u>Lumbah ms 39452</u>        City State Zip Code        Telephone No. (<u>228</u>) <u>588-6097</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>08° 31' 04"</u> Longitude: <u>30° 46' 19"</u>  <u>02 12</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>SE</u> ¼ <u>SW</u> ¼ Sec <u>30</u> Twn <u>45</u> Rng <u>8W</u>        Distance Direction Nearest Town  <u>3</u> Miles <u>north</u> of <u>Humbly, ms</u></p>
--	--

**Well / Borehole Data**

Date drilling started: 01-20-07 Date drilling completed: 01-20-07 Hole depth: 110 Hole diameter: 2 inch

Location of the source of any surface water used for drilling: Aspula ms  
 Method of dosing and volume of Chlorine used in drilling and development: 4 gal chlorine 2000 water

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: 9 feet above or below (circle one) land surface Date measured: 1-20-07

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix \_\_\_\_\_

Casing length: 100 feet Casing diameter: 2 inches Type of casing: 5/8" 40' Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 5/8"

Screen slot size: 6 Std inches Setting depth: From 0 feet to 110 feet  
100 FT casing 10 FT screen

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  
**RECEIVED**  
 FEB 20 2007  
 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 #: 0-786  
 Driller: Joel Pierce  
 Date completed: 1-20-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-253  
 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>Nathan Cox</u>	Latitude: <u>88-31.044</u> Longitude: <u>30-40.199</u>
Mailing Address: <u>24900 Hwy 613</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale MS 39452</u>	<u>SE 1/4 SW 1/4 Sec 30 T 45 R 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>3 Miles north of Healy, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>1-20-07</u>	Setting Depth: <u>25 FT jet 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>1-20-07</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>9</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>4</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>4</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

JOEL PIERCE 0-786 Joel Pierce  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
 FEB 20 2007  
 BY: OLWF