

County: Jackson
 Permit #: 0-780
 Driller: W. Gael Pierce
 Date drilling completed: 8-10-12

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 #: D368
 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>Kendra Scott</u>	Latitude: <u>33° 31' 11.07" N</u> Longitude: <u>88° 39' 48.5" W</u>
Mailing Address: <u>5204 Remington Drive</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Humbly</u> <u>MS</u> <u>39562</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>30</u> Twn <u>45</u> Rng <u>6W</u>
Telephone No. <u>(228) 219-5266</u>	Distance <u>2</u> Miles Direction <u>West</u> of Nearest Town <u>Humbly, MS</u>

Well / Borehole Data

Date drilling started: 8-10-12 Date drilling completed: 8-10-12 Hole depth: 60 Hole diameter: 2

Location of the source of any surface water used for drilling: Apala, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal 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: 5 feet above or below (circle one) land surface Date measured: 8-10-12

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 0 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 next page*

Form: OLWR-SWR-1A

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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)

County: Jackson
 Permit #: 0-780
 Driller: J. Pieu
 Date completed: 8-9-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D368
 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

Owner Name: Kendra Scott
 Mailing Address: 5204 Reminton Drive
Hurley MS 39452
 City State Zip Code
 Telephone No. (228) 219-5266

Well Location

Latitude: 88-31-116 Longitude: 30-39-805
 Method of Lat Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
N45 W 40 SE 30 T 45 R 66
 Direction Nearest Town
SW SE
2 Miles West of Hurley, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-9-12
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 30 ft line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 8-9-12
 Static Water Level (A): 3 Feet Below Land Surface
 Pumping Water Level (B): 5 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 10 GPM with a drawdown of
2 feet after 48 hours of pumping

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

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

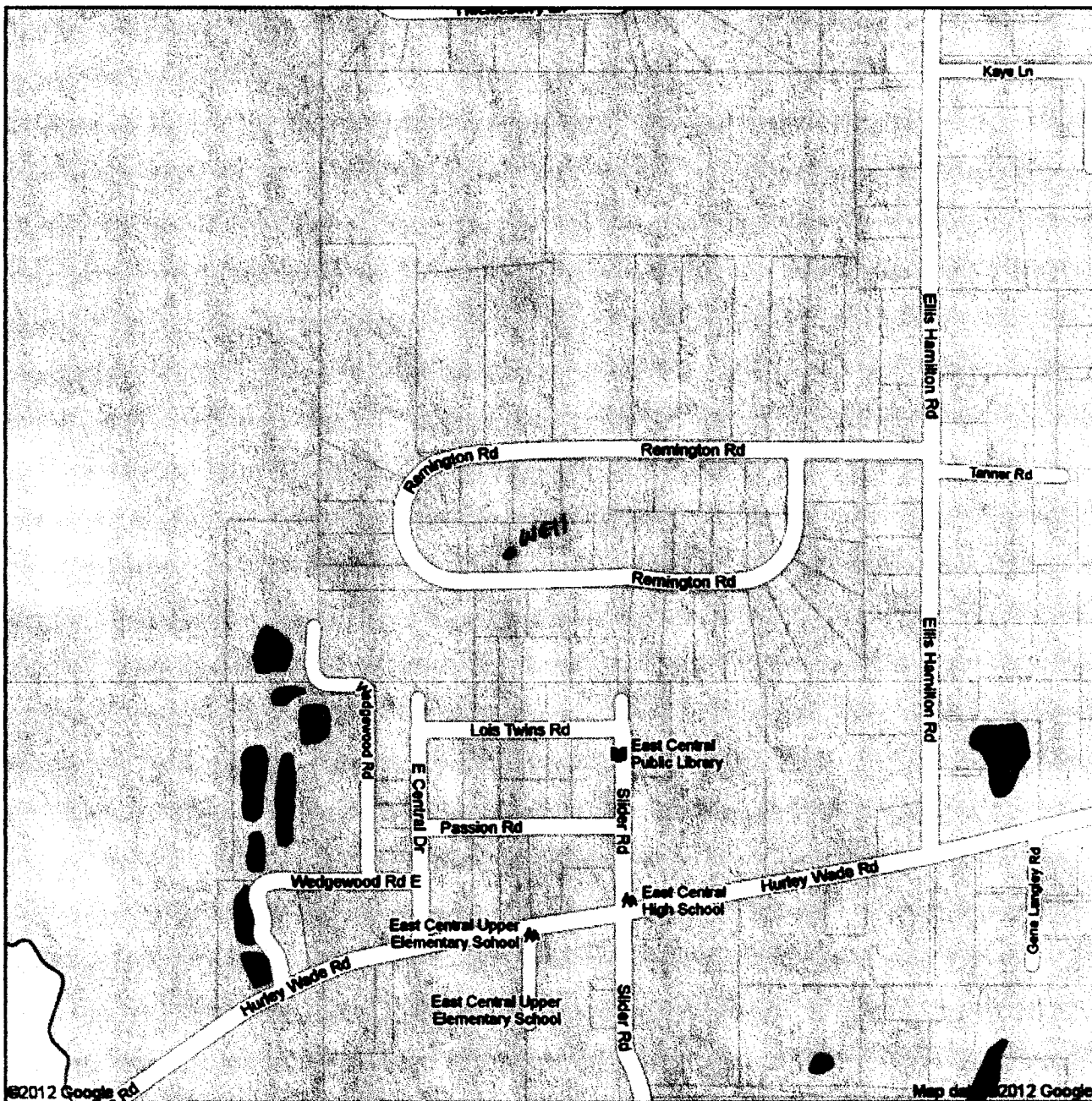
Joel Pieu
 Signature of Pump Installer

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 Form OLWR-SWR-1B (04/08)
BY: OLWR



Address Hurley, MS

Get Google Maps on your phone
 Text the word "GMAPS" to 466453

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