

County: Jackson  
 Permit #: 0-780  
 Driller: Joel Pi  
 Date drilling completed: 8-20-08

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-196  
 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>Larry Erwin</u>	Latitude: <u>88° 34' 37.23"</u> Longitude: <u>30° 38' 49.30"</u>
Mailing Address: <u>20524 Daul Vozel Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>V</u> <u>Miss Port, MS 39562</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>3</u> Twn <u>55</u> Rng <u>6W</u>
Telephone No. <u>(228) - 588 3967</u>	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>west</u> of <u>Wade, MS</u>

**Well / Borehole Data**

Date drilling started: 8-20-08 Date drilling completed: 8-20-08 Hole depth: 70 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer / 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: 2 feet above or below (circle one) land surface Date measured: 8-20-08

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40 "

Screen slot size: 10 inches Setting depth: From 0 feet to 70 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

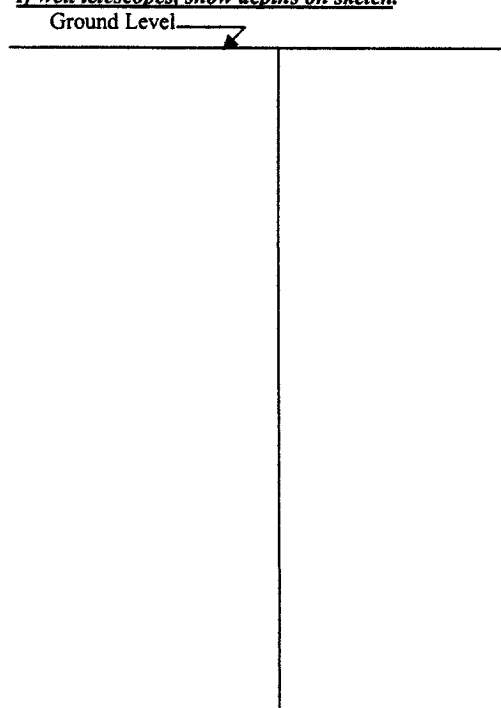
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

RECEIVED  
 SEP 18 2008  
 BY: OLWR

The sketch below only required for water wells

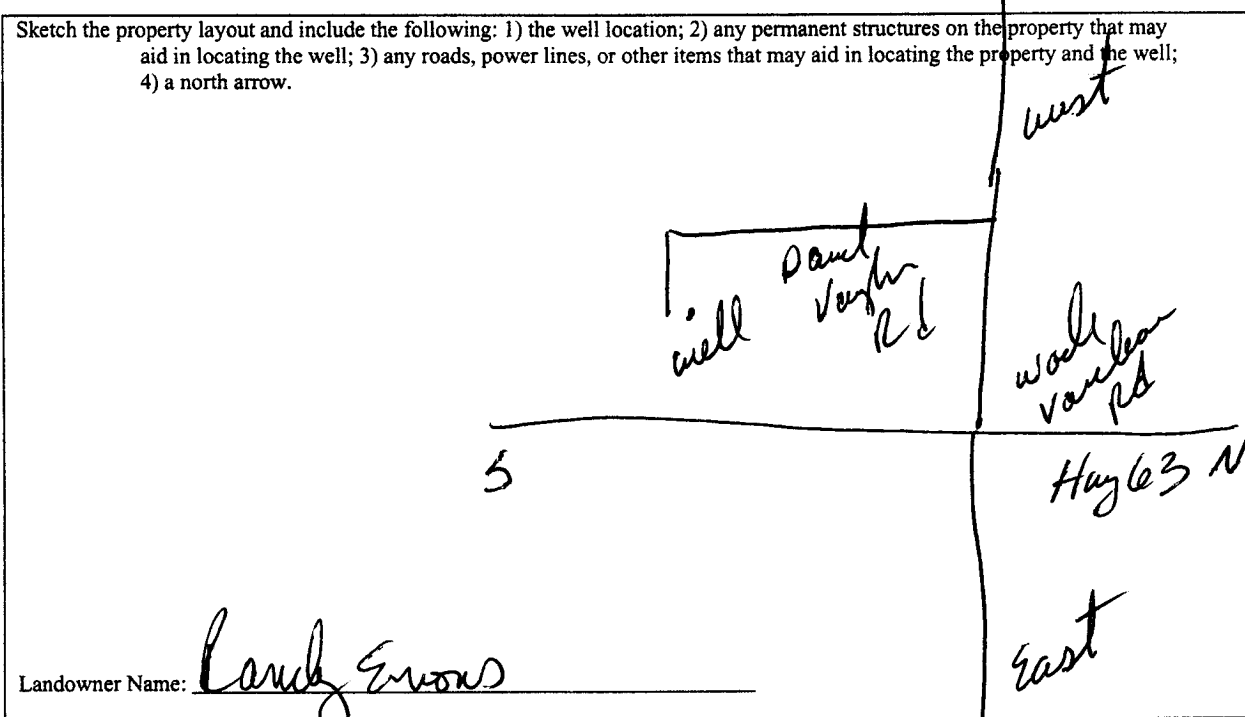
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
white sand	0	5
yellow clay	5	45
yellow soil	45	70

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Joellin - 0780

Date 8-20-08

Signature of Licensee Joellin

**RECEIVED**  
SEP 18 2008  
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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Jackson  
 Permit #: 0-780  
 Driller: Joel P.  
 Date completed: 8-20-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-196  
 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>Randy Ennis</u>	Latitude: <u>88-34-375</u> Longitude: <u>30-38-493</u>
Mailing Address: <u>20524 Daul Van Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>mon la mo</u> <u>39562</u> City                      State                      Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(228) 588-3967</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>3</u> T <u>5S</u> R <u>6W</u>
	Distance                      Direction                      Nearest Town
	<u>1</u> Miles <u>west</u> of <u>Wade, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket <input type="radio"/> Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal <input type="radio"/> Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-20-08</u>	Setting Depth: <u>40 ft lin</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>8-20-08</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

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

Form OLWRSW-1 (10/08)  
**RECEIVED**

SEP 18 2008  
 BY: OLWRF