

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierre  
 Date drilling completed: 6-15-09

**State Well Report**  
**Part I - 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 #: G204  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>William Stewart</u>	Latitude: <u>30° 33' 17.5"</u> Longitude: <u>88° 33' 6.16"</u>
Mailing Address: <u>211 Ed Paper Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>37</u>
<u>Meribout MS 39562</u>	USGS quad, <u>SE 1/4 SW 1/4 Sec 42 Twn 55 Rng 6W</u>
City State Zip Code	<u>IR IR 41</u>
Telephone No. <u>(228) 475-2811</u>	Distance <u>5</u> Miles Direction <u>South</u> of Nearest Town <u>Wade, MS</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>6-15-09</u> Date drilling completed: <u>6-15-09</u> Hole depth: <u>70</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Azula, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>2000 with 4 gal chlo</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>3</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-15-09</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>70</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Plastic</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 80 "</u>	
Screen slot size: <u>10</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 6204  
Elevation: \_\_\_\_\_

County: Jackson  
Permit #: 0-7809  
Driller: Joel P  
Date completed: 6-15-09  
*Copy information from block on Part 1*

*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>William Stewart</u>	Latitude: <u>30-33-275</u> Longitude: <u>88-33-616</u>
Mailing Address: <u>211 Ed Parker Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>46</u> , <input type="checkbox"/> Hand-held GPS <u>37</u> , <input type="checkbox"/> Survey-grade GPS
<u>Monroeville, MS 39562</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 42 T 55 R 6 W</u>
Telephone No. <u>228-475-2811</u>	Distance <u>5</u> Miles <u>South</u> of <u>Wade, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-15-09</u>	Setting Depth: <u>40</u> <u>ft</u> <u>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>6-15-09</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>3</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: OLWR-SWR-1B

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