

State Well Report

Part 1

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 #: H-110
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Pierce Well
Date drilling completed: 4-20-05

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>Jennifer Taylor</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>21208 Trails End Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Miss Point MS</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 32 Twn 55 Rng 5W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>1 Miles E of Hurley</u>

Well Data

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

Date well drilling started: 4-20-05 Date well drilling completed: 4-20-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4-20-05

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

Hole depth: 85' Well depth: 85' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2" inches Type of casing: plastic

Screen length: 5' feet Screen diameter: 2 inches Type of screen: plastic

Screen slot size: 004 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 0296
Print Name of Water Well Contractor and License No.

Michael Pierce
Signature of Water Well Contractor

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MAY 04 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)

County: Jackson
 Permit #: _____
 Driller: Pierce Well
 Date completed: 4-21-05

For Office Use Only:

Aquifer: _____
 Well #: H-110
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Jennifer Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Same</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> , Survey grade GPS
Telephone No. () _____	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec. <u>32</u> Twn. <u>55</u> Rng. <u>5W</u>
	Distance: _____ Direction: <u>E</u> Nearest Town: <u>Hurley</u>
	<u>1</u> Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>4-21-05</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input type="radio"/> Diesel Engine <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Windmill Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>40</u> feet Number of Stages: <u>2</u>
<input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well	<input type="radio"/> Gasoline Engine <input type="radio"/> Hand <input type="radio"/> Other (specify): _____ <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/21/05</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>10</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>10</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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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 MAY 14 2005
 BY: OLWR