

County: Jackson  
 Permit #: 0-780  
 Driller: W. Gael Pierce  
 Date drilling completed: 8-28-07

**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 #: H-142  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Donald Pippas</u>  | Latitude: <u>88° 30' 285"</u> Longitude: <u>30° 34' 638"</u>                     |
| Mailing Address: <u>16036 Grape Hovatt Rd</u>                                       | Method of Lat/Long (circle one): Conventional Survey, <u>38</u>                  |
| <u>mosport ms 39562</u>   | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                               |
| City State Zip Code   | <u>SE 1/4 SW 1/4 Sec 29 Twn 55 Rng 5W</u>  |
| Telephone No. <u>(228)-990-1156</u>   | Distance Direction Nearest Town<br><u>2 1/2 Miles South west of Byrdport, ms</u> |

**Well / Borehole Data**

Date drilling started: 8-28-07 Date drilling completed: 8-28-07 Hole depth: 90 Hole diameter: 2

Location of the source of any surface water used for drilling: Agula, ms

Method of dosing and volume of Chlorine used in drilling and development: 4gal 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: 4 feet above or below (circle one) land surface Date measured: 8-28-07

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: Sch 40 Plaster

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80 "

Screen slot size: 6 inches Setting depth: From 0 feet to 90 feet

Type of completion (circle all applicable): Gravel packed 10 FT screen Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

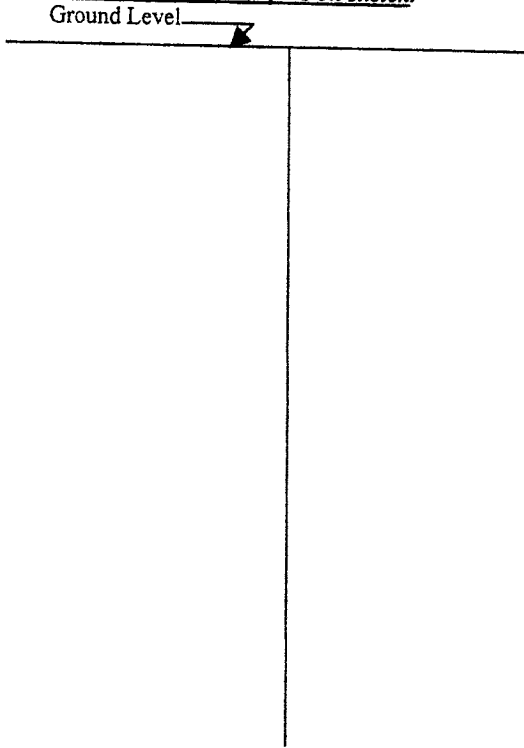
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A  
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M-142

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) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| outer sand                            | 0            | 90         |
|                                       |              |            |
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|                                       |              |            |

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Donald Higgins

Form: OLWR-SWR-1A

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. Joellie 0-780 Date 8-28-07

Signature of Licensee Joellie RECEIVED SEP 10 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 #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 8-28-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-142  
 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>Donald Pippas</u>             | Latitude: <u>88-30-285</u> Longitude: <u>30-34-633</u>                                      |
| Mailing Address: <u>16036 Gage Homestead</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Mock Point, MS</u><br>City State Zip Code | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| Telephone No. <u>(228) 990-1156</u>          | <u>SE 1/4 SW 1/4 Sec 29 T 55 R 5W</u>   |
|  | Distance _____ Direction <u>Southeast</u> Nearest Town <u>Biggert, MS</u>                   |
|  | <u>2 1/2</u> Miles _____ of _____   |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO    |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill <input type="radio"/> Other (specify): _____                                 |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>   |
| Date Pump Installed: <u>8-28-07</u>   | Setting Depth: <u>40 sitting</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<br>Circle one  |
|--|--|
| Date Well Tested: <u>8-28-07</u>                           | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>4</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 Pierce 0-780  
 Print Name of Pump Installer and License No. (if applicable)

Joel Pierce  
 Signature of Pump Installer

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