

County: Jackson
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 2-5-08

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-156
 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>David Finch</u>	Latitude: <u>38° 29' 63"</u> Longitude: <u>90° 37' 97"</u>
Mailing Address: <u>20003 Hwy 613 South</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Humboldt</u> <u>MS</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 8 Twn 55 Rng 5W</u>
Telephone No. <u>(228) 588-2821</u>	Distance Direction Nearest Town
	<u>3 Miles South of Humboldt, MS</u>

Well / Borehole Data

Date drilling started: 2-5-08 Date drilling completed: 2-5-08 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: 4 gal 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: 3 feet above below (circle one) land surface Date measured: 2-5-08

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 80 "

Screen slot size: 6 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*

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BY: OLWR

Signature of Licensee

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: 2-5-08
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: H-156
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>Orville Finch</u>	Latitude: <u>88-29-634</u> Longitude: <u>30-37-979</u>
Mailing Address: <u>2003 Hg 613 South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Humboldt</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>8</u> T <u>55</u> R <u>5W</u>
Telephone No. <u>(228) 588-2821</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>South</u> of <u>Humboldt, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u> RECEIVED
Date Pump Installed: <u>2-5-08</u>	Setting Depth: <u>40 ft</u> FEB 26 2008
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u> BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-5-08</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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 Pierce 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pierce
Signature of Pump Installer

Form: OLWR-SWR-1B