

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 4-22-08

**State Well Report**  
 Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10431  
 Jackson, MS 39239-0431  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Auditor: \_\_\_\_\_  
 Well #: J-498  
 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>Christie Robinson</u>	Latitude: <u>88 44 394</u> Longitude: <u>30 31 822</u>
Mailing Address: <u>3601 Julia Groe Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Vandalia ms 39565</u>	USGS quad: <u>SW NW Sec 21 Twp 6S Rng 8W</u>
City State Zip Code	Distance Direction Nearest town
Telephone No: <u>208 826-5633</u>	<u>4</u> Miles <u>West</u> of <u>Vandalia, ms</u>

Well Borehole Data

Date drilling started: 4-22-08 Date drilling completed: 4-22-08 Hole depth: 120 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: 2000 water 4gal chlorine

Logs run (circle all applicable):  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: 5 feet above below (circle one) land surface Date measured: 4-22-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Semcrete Mix

Casing length: 110 feet Casing diameter: 2 inches Type of casing: sch 40 Plaster

Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 80 11

Screen slot size: 6 inches Setting depth: From 0 feet to 120 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-1

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J-498

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

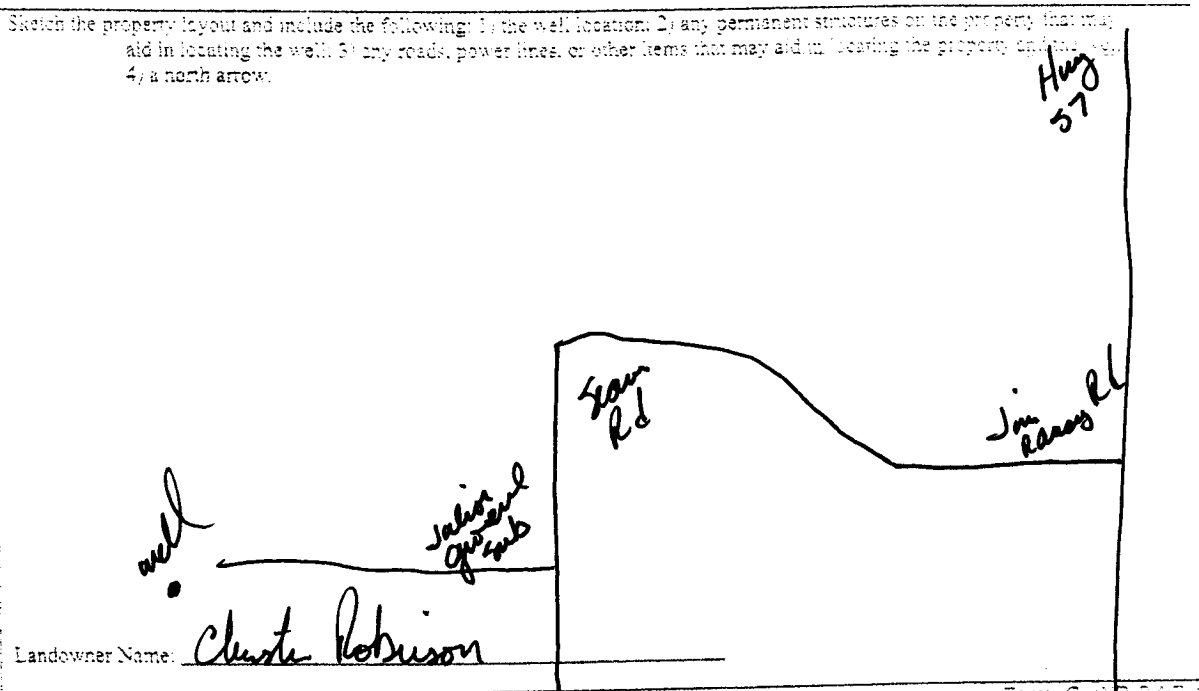
Ground Level  $\longrightarrow$

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

Description of Formations Encountered	From Depth Ground Level	To Depth
white sand	0	25
Blue clay	25	30
white sand	30	120

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.



Form. OLWR-SWR-1

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.

Joel Paine 0-780 4-22-08

Print Name of Responsible Licensee and License No.

Date

Joel Paine

Signature of Licensee

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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)

County: Jackson  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 4-22-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-498  
 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>Clara Robinson</u>	Latitude: <u>88-44-394</u> Longitude: <u>30-31-822</u>
Mailing Address: <u>3601 Julia Moore Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vaughan ms 39565</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>208 926-5633</u>	<u>SW 1/4 NW 1/4 Sec 21 T 65 R 8W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>West</u> of <u>Vaughan 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	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor <u>2</u>		
Date Pump Installed: <u>4-22-08</u>			Setting Depth: <u>60 feet line</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-22-08</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>5</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>2</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>48</u> hours	Well yielded <u>10</u> GPM with a drawdown of <u>2</u> feet after <u>48</u> hours of pumping

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

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