

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Pierce Well  
 Date drilling completed: 10-20-05

Well Driller Report and Well 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 #: M-435  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Tracy Ballenger</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>EdgeCliff</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Helena, Ms</u>	<u>SE 1/4 NE 1/4 Sec. 34 Twn 6S Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>1</u> Miles <u>E</u> of <u>Helena</u>

Well Data

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

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

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

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

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 2 inches Type of casing: plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: plastic

Screen slot size: 006 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.

Mike Pierce 0296  
 Print Name of Water Well Contractor and License No.

Mike Pierce  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

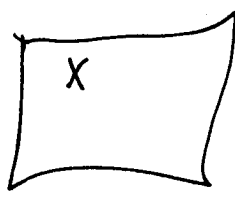
M.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	10
clay	10	40
Sand	40	80
Clay	80	130
good Sand	130	150

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) indicate direction.



Landowner Name: Tracy Ballenger

Mike Purcell  
Signature of Water Well Contractor

# 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: Piera Well  
Date completed: 10-21-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-435  
Elevation: \_\_\_\_\_

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Tracy Ballenger</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>Same</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>34</u> Twp <u>6S</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>E</u> of <u>Helena</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>1</u>
Date Pump Installed: <u>10-21-05</u>	Setting Depth: <u>40</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>10-21-05</u>	<input checked="" type="radio"/> Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Mike Pierce 0296  
Print Name of Pump Installer and License No. (if applicable)

Mike Pierce  
Signature of Pump Installer

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