

County: Jackson
 Permit #: _____
 Driller: Pierce Well
 Date drilling completed: 11-29-05

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-436
 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>Bara Nelson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Ship Rock Rd.</u> <u>Helena, Ms</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 34 Twn 6S Rng 5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Hwy 63 on</u> <u>Cody Rd</u>

Well Data

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

Date well drilling started: 11-29-05 Date well drilling completed: 11-29-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 11-29-05

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

Hole depth: 248 Well depth: 248 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 238 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 0298 Mike Pierce
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

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Ground Level

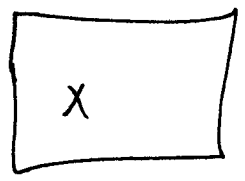
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	10
Clay	10	40
Sand	40	60
Clay	60	210
good Sand	210	248

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: Bara Nelson

Mike Pierce
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)

For Office Use Only:

Aquifer: _____
Well #: M-436
Elevation: _____

County: _____
Permit #: _____
Driller: Pierce Well
Date completed: 11-30-05

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>Bara Nelson</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 1/4 SW 1/4 Sec 34 Twn 6S Rng 5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2 Miles SE of Hwy 63 on Cochr Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ <input checked="" type="radio"/> <u>Jet</u> _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____ <u>1</u> _____
Date Pump Installed: <u>11-30-05</u>	Setting Depth: _____ <u>80</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>11-30-05</u>	<input checked="" type="radio"/> <u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): _____ <u>50</u> _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ <u>55</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 _____ Mike Pierce
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR