

County: Jackson
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 4-28-07

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 #: M-478
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jeffrey Reed</u> Mailing Address: <u>Brian wood Rd</u> <u>Madison MS 39562</u> City State Zip Code Telephone No. <u>(228) 990-4030</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>88° 24' 60"</u> Longitude: <u>30° 33' 27"</u> <u>36 17</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> Twn <u>65</u> Rng <u>5W</u> Distance Direction Nearest Town <u>10</u> Miles <u>EAST</u> of <u>Madison Point</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>4-28</u> Date drilling completed: <u>4-28</u> Hole depth: <u>75</u> Hole diameter: <u>2</u></p> <p>Location of the source of any surface water used for drilling: <u>Acadia, ms</u> Method of dosing and volume of Chlorine used in drilling and development: <u>4 gal chlorine 2000 water</u></p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____</p> <p style="text-align: center;"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>4</u> feet above or below (circle one) land surface Date measured: <u>4-28-07</u></p> <p>Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____</p> <p>Well depth: <u>75</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix</p> <p>Casing length: <u>65</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Plastic</u></p> <p>Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 80</u></p> <p>Screen slot size: <u>6</u> inches Setting depth: From <u>0</u> feet to <u>75</u> feet <u>65 FT Pipe 10 FT SCREEN</u></p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

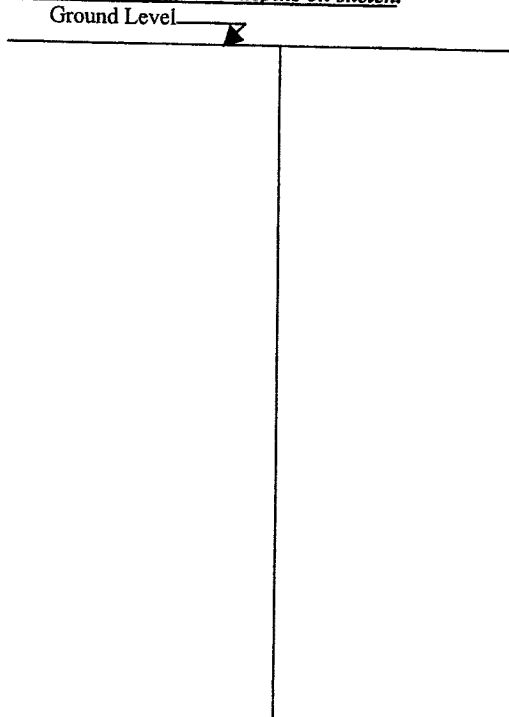
Form: OLWR-SWR-1A

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M-478

The sketch below only required for water wells

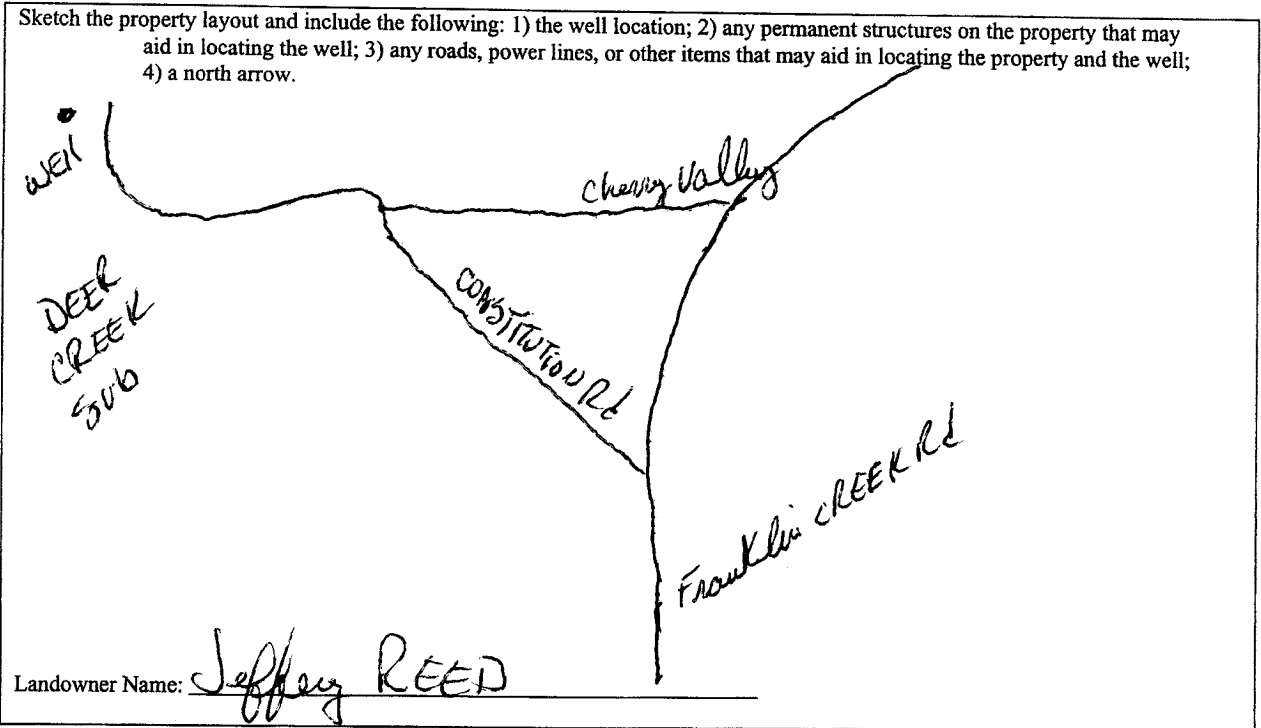
If well telescopes, show depths on sketch.



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	
white sand	0	20
red sand	20	75

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



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.

JOEL PIERCE 0-780
 Print Name of Responsible Licensee and License No.

4-28-07
 Date

Joel Pi
 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: 4-28-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-478
 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>Jeffrey REED</u>	Latitude: <u>88-24-604</u> Longitude: <u>30-33-278</u>
Mailing Address: <u>Brian Wood Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Miss Point MS 39562</u>	<u>NW 1/4 SE 1/4 Sec 6 T 65 R 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 990-4030</u>	<u>10 Miles EAST of MISS POINT</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-28-07</u>	Setting Depth: <u>40FT Jet Line</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>4-28-07</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
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>3</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</u> Gallons Per Minute	<u>3</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 Joel Pierce
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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