

County: Jackson
 Permit #: 0-780
 Driller: W. Gael Pierce
 Date drilling completed: 10-9-07

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 #: Q-589
 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>Sylvia Calhoun</u>	Latitude: <u>33° 27' 42"</u> Longitude: <u>30° 29' 652"</u>
Mailing Address: <u>219 Green Fields Road</u> <u>Moss Point, MS</u> <u>39562</u>	Method of Lat/Long (circle one): <u>25</u> Conventional Survey, <u>39</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 26 Twn 75 Rng 5W</u>
Telephone No. <u>(318) 268-4826</u>	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Helena, MS</u>
Well / Borehole Data	
Date drilling started: <u>10-9-07</u> Date drilling completed: <u>11-8-07</u> Hole depth: <u>75</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Agula, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4gal Chlorine 2000 Water</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>3</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
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	
Casing length: <u>65</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40 Plastic</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 80 1"</u>	
Screen slot size: <u>6</u> inches Setting depth: From <u>0</u> feet to <u>75</u> feet <u>10 Screen</u> <u>65 casing</u>	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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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: Nelson
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 10-9-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-589
 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>Sybil Calhoun</u>	Latitude: <u>33-27-42</u> Longitude: <u>30-</u>
Mailing Address: <u>219 Green Fields</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Madison, MS 39562</u>	<u>SW 1/4 NW 1/4 Sec 26 T 75 R 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(818) 268-4826</u>	<u>2 Miles NE of Helena, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>11-9-07</u>	Setting Depth: <u>40 feet in</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-9-07</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 Joel Pierce
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer