

County: PEARL RIVER  
 Permit #: 0-519  
 Driller: JOCK R BURGE  
 Date drilling completed: 7/29/04

### 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-57  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ANGEL MAROLF</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>7200 CREEK RD</u> <u>PICAYUNE MS.</u> <u>PICAYUNE MS. 39466</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>32</u> Twn <u>45</u> Rng <u>18W</u>
Telephone No. <u>(601) 749-9741</u>	Distance _____ Miles Direction <u>NORTH</u> of <u>PICAYUNE</u> <u>WEST</u>

**Well / Borehole Data**

Date drilling started: 7/28/04 Date drilling completed: 7/29/04 Hole depth: 180' Hole diameter: 2

Location of the source of any surface water used for drilling: WELL WATER FROM FIRE DEPT.  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No 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: 40 feet above or below (circle one) land surface Date measured: 7/29/04

Method of Measurement (circle one) steel tape electric tape air line other: STRIP + WEIGHT

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 12 inches Setting depth: From 170 feet to 180 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*

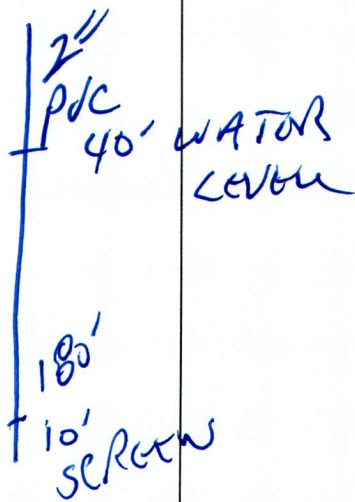
Form: OLWR-SWR-1A  
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2-57

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

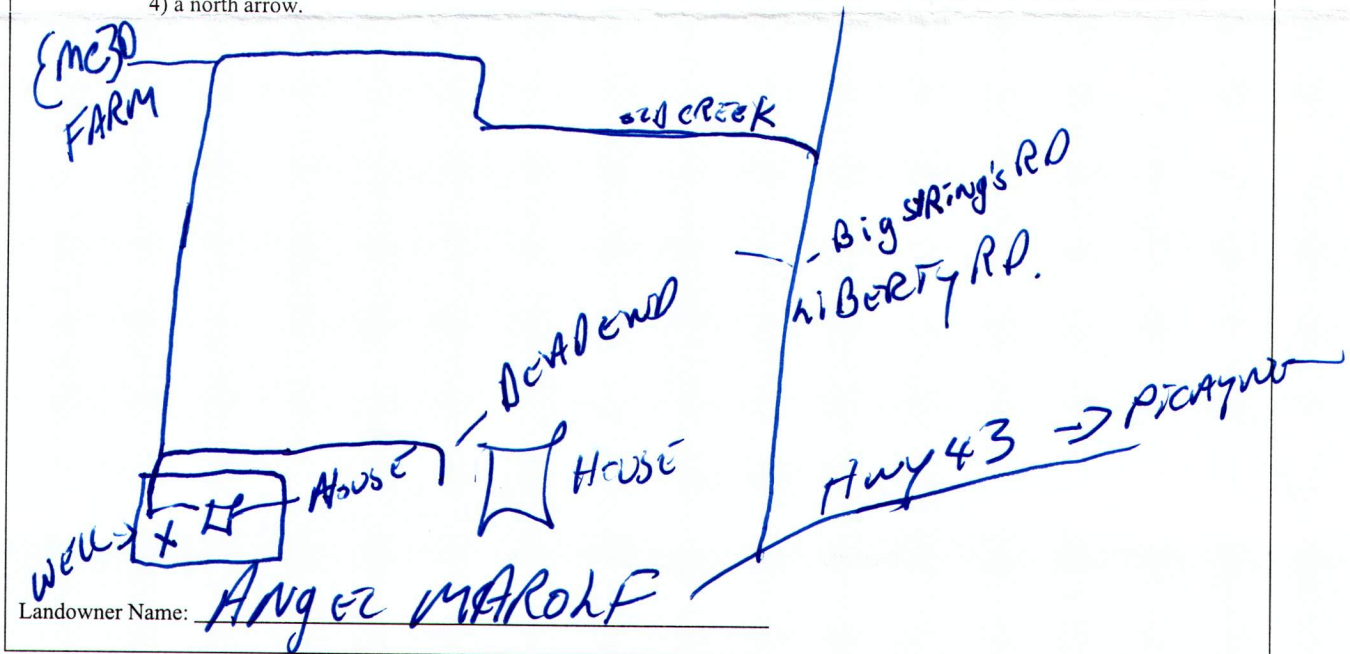


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
REDCLAY	0	20
WHITECLAY	20	40
SAND	40	65
WHITECLAY	65	70
BLACKDIRT	70	80
BLUECLAY	80	120
SAND	120	180

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-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.

Print Name of Responsible Licensee and License No. Jack R. Burge 0-519

Date 8/3/06

Signature of Licensee Jack R. Burge

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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: PEAR RIVER  
 Permit #: 0-519  
 Driller: JOE R. BURGE  
 Date completed: 7/29/06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-57  
 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>ANGEL MAROLF</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>72 OLD CREEK RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PICAYUNE MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>PICAYUNE MS 39466</u>	_____ ¼ _____ ¼ Sec <u>34</u> T <u>43</u> R <u>18W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 749-9741</u>	<u>6</u> Miles <u>NORTH</u> of <u>PICAYUNE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>MSE</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-29-04</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: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>STROG + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>AIR LIFT</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

Joe R. Burge 0-519 Joe R. Burge  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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