

County: PEARL RIVER  
 Permit #: 0519  
 Driller: JECK BURG  
 Date drilling completed: 11-18/04

### 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 #: T-94  
 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>JUDY ATILARN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>75 WYNKOOPE RD, PICAYUNE MS, 39466</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>35 1/4 30 1/4 Sec 13 Twn 5-5 Rng 18-W</u>
Telephone No. <u>785) 290-3394</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 Miles NORTH of PICAYUNE MS,</u>

**Well / Borehole Data**

Date drilling started: 11-18/04 Date drilling completed: 11-19/04 Hole depth: 280 Hole diameter: 3 1/2

Location of the source of any surface water used for drilling: WELL

Method of dosing and volume of Chlorine used in drilling and development: liquid bleach

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: 12' feet above or below (circle one) land surface Date measured: 11/19/04

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite mix

Casing length: 270 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: #8 inches Setting depth: From 270 feet to 280 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): AIR HOSE

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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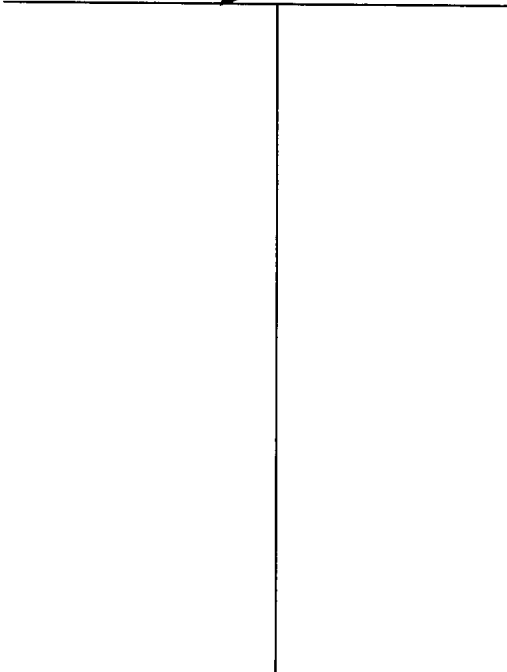
JUDY ATILARN T-94

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

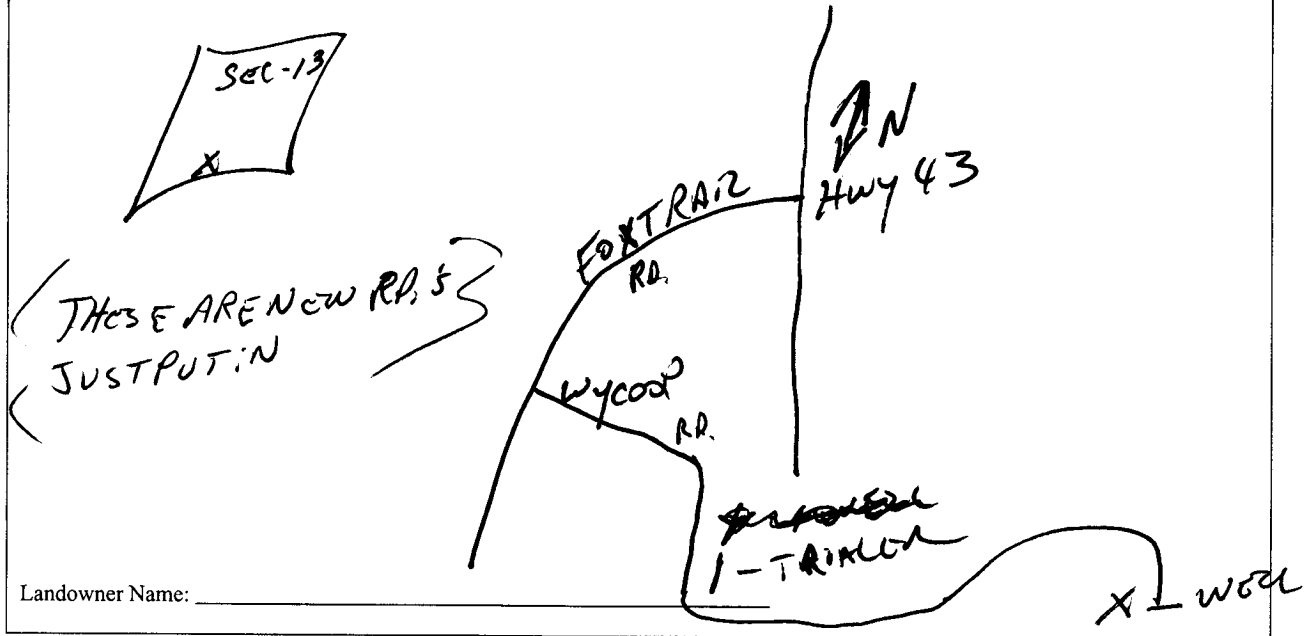
Ground Level  $\rightarrow$



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
BLACKBART	0	10
REDCLAY	10	20
SAND	20	40
ROCKS	40	65
BLUE CLAY	65	200
SAND	200	220
ROCK	220	280

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.



Landowner Name: \_\_\_\_\_

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. Jock R. Burge

Date 11/20/04

Signature of Licensee Jock 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: PEARL RIVER  
 Permit #: 0519  
 Driller: JOCK R. BURY  
 Date completed: 11/19/06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T-94  
 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>JUDY AT. LARN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>75 WYCOOP RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PEARLY WMS.</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code <u>39466</u>	<u>35</u> $\frac{1}{4}$ <u>30</u> $\frac{1}{4}$ Sec <u>13</u> T <u>5-S</u> R <u>18-W</u>
Telephone No. <u>(601) 985-290-3394</u>	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>NORTH</u> of <u>PEARLY WMS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> 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>11-19-06</u>	Setting Depth: <u>30'</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>11/19/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): <u>STRING</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>10</u> hours	

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

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

Form: OLWR-SWR-19  
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