

Pike

County: 929-10
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 9-29-10

State Well Report
Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: F152
 Well #: _____
 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>Dominick J Force</u> Mailing Address: <u>2021 West Top Saw Rd</u> <u>Summit MS 39666</u> City: _____ State: _____ Zip Code: _____ Telephone No. (<u>504</u>) <u>4197102</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 12' 49"</u> Longitude: <u>90° 19' 23"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 20 Twn 31 Rng 9E</u> Distance: <u>7</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>M. Comb</u></p>
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Well / Borehole Data

Date drilling started: ~~9-29-10~~ 9-29-10 Date drilling completed: 9-29-10 Hole depth: 180 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: 2 lb Shock

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: 90 feet above or below (circle one) land surface Date measured: 9-29-10

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

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

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 160 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 (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 9-29-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Dominick J. Fover</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2021 West Tey Saw Rd</u> <u>Summit MS 39665</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>20 T 3h R 9E</u>
Telephone No. (<u>504</u>) <u>419 7102</u>	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>WEST</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): <u>8</u>	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-29-10</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-29-10</u>	Air Line _____ Electric Measuring Line _____ Steel <u>Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ <u>20</u> GPM with a drawdown of _____
Test Pumping Rate: _____ <u>20</u> Gallons Per Minute	_____ <u>90</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.

JAMES WELLS 0-586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 14 2010

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