

All American Drilling

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Justin Robinson  
 Date drilling completed: 8/12

### 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: \_\_\_\_\_  
 Well #: C57  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gene Lawler</u>	Latitude: <u>30° 45' 67"</u> Longitude: <u>90° 20' 624"</u> <u>40</u> <u>37</u>
Mailing Address: <u>4831 Farmer Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Smithdale MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>1</u> TwN <u>4N</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>west</u> of <u>Smithdale</u>

**Well / Borehole Data**

Date drilling started: 7/28 Date drilling completed: 8/12 Hole depth: 140 Hole diameter: 6 3/8

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 10ppm

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: potholing farm

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 74 feet above or below (circle one) land surface Date measured: 8/4/12

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

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: Sch 40 pipe

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 pipe

Screen slot size: .012 inches Setting depth: From 140 feet to 120 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C57  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Justin Robinson  
 Date completed: 8/4/12

Copy information from block on Part 1

*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>Gene Lawler</u>	Latitude: <u>31-20-37</u> Longitude: <u>90-45-40</u>
Mailing Address: _____ _____ <u>Smithdale MS</u> ? City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>/1</u> , Survey-grade GPS _____ <u>SW 1/4 NE 1/4 Sec 1 T 4 N R 4 S</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> <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>3hp</u>
Date Pump Installed: _____	Setting Depth: <u>125</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/4</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>33</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>33</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Justin Robinson 00003085 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-10 (07-00)  
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