

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 #: G65
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Justin Robinson
Date drilling completed: 5/24

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>Darryl Thornton</u>	Latitude: <u>N 09° 54' 18.0"</u> Longitude: <u>W 91° 11' 43.0"</u>
Mailing Address: <u>4087 Sledge Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Gloster</u> MS <u>39638</u>	<u>SW 1/4 NW 1/4</u> Sec <u>2A</u> ³⁴ Twn <u>3N</u> Rng <u>3E</u>
City _____ State _____ Zip Code _____	Distance <u>8</u> Miles Direction <u>SW</u> of Nearest Town <u>Liberty</u>
Telephone No. <u>(601) 657 0040</u>	

Well / Borehole Data

Date drilling started: 5/24 Date drilling completed: 5/24 Hole depth: 67 Hole diameter: 6 1/8

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: 10 ppm

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: 9 feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: 47 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

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

Screen slot size: 000 inches Setting depth: From 67 feet to 47 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 #: 665
 Elevation: _____

County: Amite
 Permit #: _____
 Driller: Justin Robinson
 Date completed: 5/24/11
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>Parvle Thorton</u>	Latitude: <u>W090°54'10" N</u> Longitude: <u>N31°11'43" W</u>
Mailing Address: <u>4087 Sudge rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Madison</u> MS <u>391638</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 27 T 31 N R 3 E</u>
Telephone No. <u>(601) 657 0040</u>	Distance Direction Nearest Town <u>8 Miles SW of liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>5/24/11</u>	Setting Depth: <u>37</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/24/11</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>9</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)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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.

Justin Robinson 0003085 Justin Robinson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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