

**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)

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Singleton's Drilling LLC  
Date drilling completed: 10/28/11

For Office Use Only  
Aquifer: G 68  
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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>WANDA TEMPLE</u> Mailing Address: <u>5560 Wilkinson Rd</u> <u>Liberty MS 39645</u> City State Zip Code Telephone No. <u>(601) 657-2965</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 15' 2"</u> Longitude: <u>90° 51' 26"</u> Method of Lat/Long (circle one): <u>Google Earth</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 Sec 1 Twn 3N Rng 3E</u> Distance Direction Nearest Town <u>7.8 Miles N-N/W of Liberty MS</u></p>
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**Well / Borehole Data**

Date drilling started: 10/28/11 Date drilling completed: 10/28/11 Hole depth: 101' Hole diameter: 6-3/4"

Location of the source of any surface water used for drilling: Singleton's Drilling Private well  
Method of dosing and volume of Chlorine used in drilling and development: 1 gallon / 1000 gallon water

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: 16 feet above or below (circle one) land surface Date measured: 10/29/11

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

Well depth: 99' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 89 feet Casing diameter: 4 inches Type of casing: PVC SCH40 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 89' feet to 99' 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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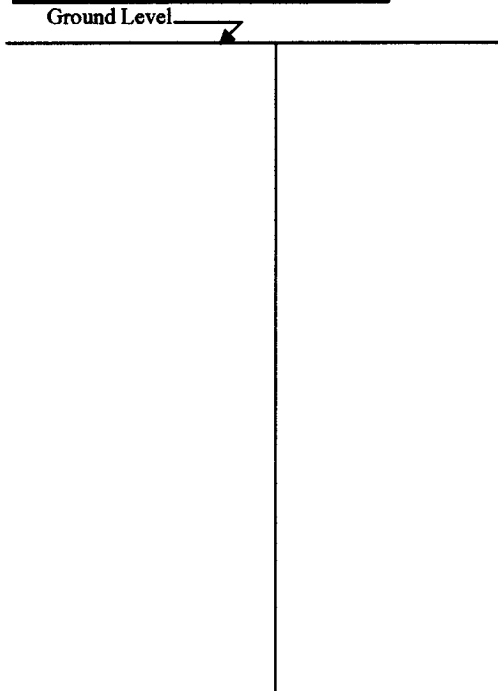
NOV 22 2011

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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

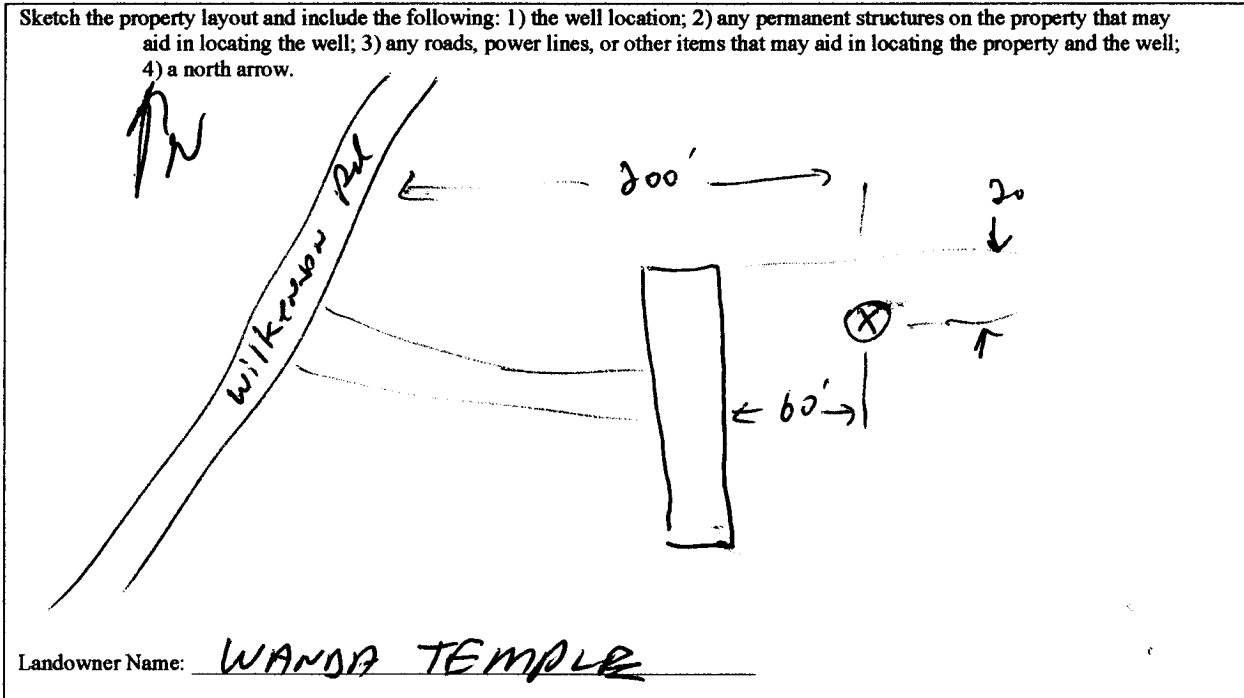
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Topsoil		3
Yellow Clay	3	8
Coarse Sand + Gravel	8	28
<del>Med Brown Sand</del>	<del>28</del>	<del>42</del>
Soft Red Clay	42	
Med Brown Sand	42	51
Coarse Sand	51	56
Coarse Sand + Gravel	56	68
Sandy Clay	68	78
Fine Sand	78	82
Med Brown Sand	82	101

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 (04/08)

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.

Temer F. Singleton 11/10/2011  
 Print Name of Responsible Licensee and License No. Date  
 # UNR 1003 (New #)

*Signature of Licensee*  
 Signature of Licensee  
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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: Amite  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G68  
 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>WANDA TEMPLE</u>	Latitude: <u>31°15'2"</u> Longitude: <u>90°51'26"</u>
Mailing Address: <u>5560 Wilkinson Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> <u>Google earth</u> <input type="checkbox"/> Conventional Survey
<u>Liberty MS 39645</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 1 T 3N R 3E</u>
Telephone No. <u>(601) 657-2965</u>	Distance Direction Nearest Town
	<u>7.8</u> Miles <u>N-W</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10/29/11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/29/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="checkbox"/>
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>29</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> 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>4</u> hours	

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

Terme F. Singleton UNK# 1003  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-150409

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