

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: Justin Robinson
Date drilling completed: 5/23

For Office Use Only:
Aquifer: _____
Well #: N 167
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>Warren Welch</u>	Latitude: <u>31° 07' 26" N</u> Longitude: <u>90° 46' 39" W</u>
Mailing Address: <u>1202 Tobias Ln</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty</u> <u>MS</u> <u>39645</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 26 Twn 2N Rng 4E</u>
Telephone No. <u>(601) 551-6544</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>East</u> of <u>Liberty</u>

Well / Borehole Data

Date drilling started: 5/23 Date drilling completed: 5/23 Hole depth: 165 Hole diameter: 6 5/8

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: _____

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 5/23

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC sch 40

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

Screen slot size: 10 inches Setting depth: From 160 feet to 140 feet

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

Other (describe): _____

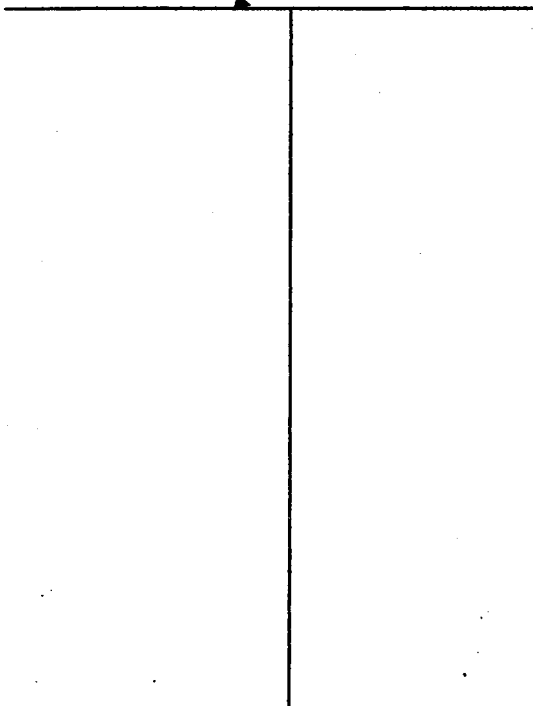
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: (LWR-SWR-1) (01/06)
RECEIVED
JUN 12 2011
BY: DWR

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Red clay sand loam	Ground Level	20
sand pt gravel	20	60
fine sand and rock	60	86
gray clay	86	115
Fine grey sand	115	160

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: Warren Welch

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.

Justin Robinson 5123
Print Name of Responsible Licensee and License No. Date

Justin Robinson
Signature of Licensee

RECEIVED
JUN 12 2011
BY: OLWR

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: Justin Robinson
 Date completed: 5/23
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N 167
 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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Wamen Welch</u> Mailing Address: <u>1062 Tobias Ln</u> <u>Liberty</u> <u>MS</u> <u>39645</u> City State Zip Code Telephone No. <u>(601) 531 6544</u></p>	<p style="text-align: center;">Well Location 31-07-26 90-46-19</p> <p>Latitude: <u>N 31° 07' 44"</u> Longitude: <u>W 090° 46' 32"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE 1/4 NE 1/4 Sec 26 T 24 R 4E</u> Distance Direction Nearest Town <u>5 Miles Southeast of Liberty</u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <input type="checkbox"/> <u>Submersible</u> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5/23/11</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/4</u> Setting Depth: <u>140</u> feet Number of Stages: <u>8</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>5/23</u> Static Water Level (A): <u>76</u> Feet Below Land Surface Pumping Water Level (B): <u>140</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Justin Robinson 00008085
 Print Name of Pump Installer and License No. (if applicable)

Justin Robinson
 Signature of Pump Installer

RECEIVED
 JUN 27 2011
 Form: OLWR-SWR-1B (04/05)
 BY: OLWR