

# 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: White  
Permit #: \_\_\_\_\_  
Driller: Justin Robinson  
Date drilling completed: 10/10/11

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N170  
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>Justin Baggett</u>	Latitude: <u>31° 50' 41" N</u> Longitude: <u>90° 07' 33" W</u>
Mailing Address: <u>4252 Hwy 48</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Liberty</u> <u>MS</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1R</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>019</u> Twn <u>T2N</u> Rng <u>R4E</u>
Telephone No. <u>(228) 719 1965</u>	Distance Direction Nearest Town <u>5</u> Miles <u>west of</u> <u>Liberty</u>

**Well / Borehole Data**

Date drilling started: 10/10/11 Date drilling completed: 10/10/11 Hole depth: 150 Hole diameter: 6 7/8

Location of the source of any surface water used for drilling: NA

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

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 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: .012 inches Setting depth: From 150 feet to 130 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*

RECEIVED  
Form: OLWR-SWR-1A (04/08)  
OCT 24 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N170  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Sustin Robinson  
 Date completed: 10/10/11  
*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>Sustin Basset</u>	Latitude: <u>30°50'11.4"</u> Longitude: <u>90°02'83.5"</u> <small>31-07-50 90-50-37</small>
Mailing Address: <u>4252 Hwy 48</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Liberty MS</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(228) 719 1965</u>	<u>R 1/4 SE 1/4 Sec 19 T22N R4E</u>
	Distance Direction Nearest Town <u>5 Miles west of Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10/10/11</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/10/11</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ 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.

Sustin Robinson 000308  
 Print Name of Pump Installer and License No. (if applicable)

Sustin Robinson  
 Signature of Pump Installer

**RECEIVED**  
 OCT 24 2011  
 BY: OLWR

Form: OLWR-SWR-1B (04/08)