

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: Sostin Robinson
Date drilling completed: 10/12/11

For Office Use Only:

Aquifer: _____
Well #: 799
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>Eufee Patterson</u>	Latitude: <u>100° 42' 38" W</u> Longitude: <u>117° 07' 07" W</u> <u>31-07-41</u> <u>90-42-53</u>
Mailing Address: <u>237 Glendella dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Avondale LA 70094</u>	NW 1/4 NE 1/4 Sec <u>28</u> Twn <u>T2N</u> Rng <u>R5E</u>
City State Zip Code	Distance Direction Nearest Town <u>8</u> Miles <u>East</u> of <u>Colbert</u>
Telephone No. <u>504 813 1578</u>	

Well / Borehole Data

Date drilling started: 10/12/11 Date drilling completed: 10/12/11 Hole depth: 80 Hole diameter: 4 7/8

Location of the source of any surface water used for drilling: AA
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: 53 feet above or below (circle one) land surface Date measured: 10/12/11

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 in inches Type of casing: sch 40

Screen length: 10 feet Screen diameter: 4 in inches Type of screen: pvc slotted

Screen slot size: 2.2 inches Setting depth: From 80 feet to 70 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-SUR-1A (REV 10/2010)

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BY: OLWR

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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: Justin Robinson
 Date completed: 10/12/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 7-11
 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>EUREE Patterson</u>	Latitude: <u>W 090 42 383</u> Longitude: <u>N 31 07 167</u>
Mailing Address: <u>237 Glendella Dr</u>	<u>31-07-41</u> <u>90-42-53</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Amite</u> <u>LA</u> <u>70094</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>504</u> <u>813</u> <u>1573</u>	<u>NW 1/4 NW 1/4 Sec 29 T20N R 9SE</u> Distance _____ Direction <u>21</u> Nearest Town _____ <u>9</u> Miles <u>east</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>10/12/11</u>	Setting Depth: <u>65</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/12/11</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	RECEIVED
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 00003085 Justin Robinson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

OCT 24 2011
 BY: OLWR

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

