

UNR00001003

### State Well Report Part 1 - Driller's Log

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Singleton Drilling LLC  
 Date drilling completed: 6/27/12

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 #: R83  
 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 align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Luke Walters</u>          Mailing Address: <u>2224 Street Rd</u>  <u>Liberty</u>  <u>MS 39645</u>          City State Zip Code          Telephone No. <u>(225) 328-1902</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 03' 58"</u> Longitude: <u>90° 51' 41"</u>          Method of Lat/Long (circle one): <u>Google earth</u> Conventional Survey,          USGS quad, <del>Hand-held GPS</del>, Survey-grade GPS  <u>SE 1/4 NW 1/4 Sec 18 Twn 1N Rng 3E</u>          Distance Direction Nearest Town  <u>7</u> Miles <u>S-SW</u> of <u>Liberty</u></p>
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**Well / Borehole Data**

Date drilling started: 6/27/12 Date drilling completed: 6/27/12 Hole depth: 80' Hole diameter: 6 3/4"  
 Location of the source of any surface water used for drilling: Singleton's private well Folsom LA  
 Method of dosing and volume of Chlorine used in drilling and development: 15gallon / per 1000 gallons 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: 15 feet above or below (circle one) land surface Date measured: 6/28/12  
 Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 63 feet Casing diameter: 4 inches Type of casing: PVC SCH 40  
 Screen length: 7 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: 1008 inches Setting depth: From 63 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-SWR-1A (04/08)

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UNP00001003

### STATE WELL REPORT

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Singleton's Drilling, LLC  
 Date completed: 6/28/12  
*Copy information from block on Part 1*

**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 #: R83  
 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>Luke Walters</u>	Latitude: <u>31° 03' 58" N</u> Longitude: <u>90° 51' 41" W</u>
Mailing Address: <u>2224 Street Rd.</u> <u>Liberty</u> <u>MS 39645</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> <u>goose earth</u> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 NW 1/4 Sec 18 T 1 N R 3 E</u>
Telephone No. <u>(225) 328-1902</u>	Distance _____ Direction _____ Nearest Town _____ <u>7 Miles S-SW of Liberty MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket: Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6/28/12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/28/12</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</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.

Tom F. Singleton UNP00001003  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-12 (6/09)

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