

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Justin Robinson  
 Date drilling completed: 12/28/16

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T 85  
 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>Rickie &amp; Fred Williams</u>	Latitude: <u>N 31° 00' 77"</u> Longitude: <u>90° 40' 24"</u> <u>31-00-47</u> <u>90-40-13</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
_____	<u>1R</u> ¼ <u>1R</u> ¼ Sec <u>35</u> Twn <u>10N</u> Rng <u>5E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>3</u> Miles <u>South</u> of <u>Gilksburg</u>

**Well / Borehole Data**

Date drilling started: 12/24 Date drilling completed: 12/28 Hole depth: 184 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: 7ppm

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: 38 feet above or below (circle one) land surface Date measured: 12/29/12

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: sch 40

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

Screen slot size: .010 inches Setting depth: From 180 feet to 160 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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County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Justin Robinson  
 Date completed: 12/28  
Copy information from block on Part 1

# 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 #: T85  
 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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Rickie &amp; Fred Williams</u>		31-00-47	90-40-13
Mailing Address: <u>6687-584 Hwy</u>		Latitude: <u>N 31° 00' 00"</u>	Longitude: <u>W 90° 40' 13"</u>
<u>Magnolia MS 39652</u>		Method of Lat/Long (check one): Conventional Survey _____	
City State Zip Code		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(601) 842-0027</u>		<u>1R</u> $\frac{1}{4}$ <u>1R</u> $\frac{1}{4}$ Sec <u>35</u> T <u>1N</u> R <u>SE</u>	
		Distance _____ Miles Direction <u>South</u> of <u>Gilshurg</u> Nearest Town	

<b>Pump Type</b> Circle one			<b>Power Type</b> Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill *	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1 1/2</u>		
Date Pump Installed: <u>12/28/16</u>			Setting Depth: <u>110</u> feet		
Rated Pump Capacity: <u>25</u> Gallons Per Minute			Number of Stages: <u>9</u>		

<b>Pump Test Data</b>		<b>Method of Measuring Water Level</b> Circle one	
Date Well Tested: <u>12/28</u>		Air Line	<u>Steel Tape</u>
Static Water Level (A): <u>38</u> Feet Below Land Surface		Electric Measuring Line	
Pumping Water Level (B): <u>110</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>72</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>25</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge  
Justin Robinson 00003085  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

JAN 26 2017

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