

County: St. George  
 Permit #: 0-780  
 Driller: J-Pew  
 Date drilling completed: 6-28-11

**State Well Report**  
 Part I - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601) 961-5210  
 (601) 981-5225 (fax)

For Office Use Only  
 Office: 212  
 Well: K124  
 U.S. Elevation: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

**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)  
 Owner Name: Doug Brullett  
 Mailing Address: 2167 Salem Camp Rd  
Lauderdale MS 39452  
 City State Zip Code  
 Telephone No.: 601 508-4211

**Well or Borehole Location**  
 Latitude: 30 45 57.74 Longitude: 88 38 03.8  
 Method of Lat Long (circle one): Conventional Survey  
 IR USGS quad 40 Sec 30 Twp T35 Rng 6W  
 Distance Direction Nearest town  
3 miles west BALTON, MS

**Well / Borehole Data**  
 Date drilling started: 6-28-11 Date drilling completed: 6-18-11 Hole depth: 80 Well diameter: 4 inch  
 Location of the source of any surface water used for drilling: Agordo, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_  
 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: 5 feet above or below (circle one) land surface Date measured: 6-28-11  
 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 Benonite other: \_\_\_\_\_  
 Casing length: 70 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40 Plastic  
 Screen slot size: 10 inches Setting depth: From 0 feet to 80 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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# 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 #: K124

Elevation: \_\_\_\_\_

County: DeSoto

Permit #: 0-780

Driller: J-Paul

Date completed: 6-28-11

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>Doug Bartlett</u>	Latitude: <u>30 45-577</u> Longitude: <u>88-38-038</u>
Mailing Address: <u>2107 Salem Camp Rd</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Lumbard MS 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4</u> <u>510</u> <u>1/4</u> Sec <u>30</u> T <u>35</u> R <u>6W</u>
Telephone No. ( <u>601</u> ) <u>508-4211</u>	Distance <u>1R</u> <u>1R</u> Direction <u>AO</u> Nearest Town <u>TW</u>
	<u>3</u> Miles <u>west</u> of <u>Barton, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2hp</u>
Date Pump Installed: <u>6-28-11</u>	Setting Depth: <u>60 Drop Pipe</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-11</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Pieu 0-780 Joel Pieu  
Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable) RECEIVED  
JUL 19 2011  
BY: OLWR

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

