

County: Leflore  
 Permit #: GW-45812J  
 Driller: Willie Bryant  
 Date drilling completed: 4-14-12

**State Well Report**  
**Part I - 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 #: P170  
 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>Jesse Williams</u>	Latitude: <u>33° 19' 51"</u> Longitude: <u>90° 24' 05"</u>
Mailing Address: <u>2011 Baxter Ave.</u> <u>Hwy 7 South Swiftown</u> <u>Greenwood MS 38930</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(662) 453-3134</u> <u>(662) 385-6701</u>	NE 1/4 NE 1/4 Sec <u>22</u> Twn <u>17N</u> Rng <u>2W</u> Distance <u>6</u> Miles Direction <u>South</u> Nearest Town <u>Morgan City</u> <u>Hwy 7 South</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>4-14-12</u> Date drilling completed: <u>4-14-12</u> Hole depth: _____ Hole diameter: <u>17 3/4"</u>	
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 Calcium Tablets</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>4-15-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>water level Reader</u>	
Well depth: <u>108</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite _____ Mix _____	
Casing length: <u>68</u> feet Casing diameter: <u>8</u> inches Type of casing: <u>PVC 160</u>	
Screen length: <u>40</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>032</u> inches Setting depth: From <u>68</u> feet to <u>108</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>-0-</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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)

County: LeFlore  
 Permit #: GW-45812  
 Driller: Willie Bryant  
 Date completed: 4-15-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P170  
 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>Jesse Williams</u>	Latitude: <u>33° 19.51</u> Longitude: <u>90° 24.05</u>
Mailing Address: <u>2011 Baxter Ave</u> <u>Hwy 7 South Swiftown</u> <u>Greenwood, MS 38930</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE</u> ¼ <u>WE</u> ¼ Sec <u>21</u> T <u>17N</u> R <u>2W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>South</u> Nearest Town: <u>Morgan City</u>
Telephone No. <u>662 453-3134</u> <u>662 385-6701</u>	<u>6</u> Miles <u>South</u> of <u>Morgan City</u> <u>Hwy 7 South</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4-15-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

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

Willie L. Bryant 0-639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1 (12/09)

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