

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 #: R63
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: Justin Robinson
Date drilling completed: 5/13/11

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>Wayne Jarreau</u>	Latitude: <u>N00° 18' 20"</u> Longitude: <u>N31° 02' 29"</u> <u>43</u> <u>43</u>
Mailing Address: <u>3603 Hwy 583 SE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Roth</u> <u>MS</u> <u>39062</u> City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>28</u> Twn <u>5N</u> Rng <u>9E</u>
Telephone No. <u>(601) 551 3692</u>	Distance <u>12</u> Miles <u>SE</u> of <u>Brookhaven</u>

Well / Borehole Data

Date drilling started: 5/12 Date drilling completed: 5/13 Hole depth: 160 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 10 ppm

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: 82 feet above or below (circle one) land surface Date measured: 5/13/11

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 140 feet Casing diameter: 4 inches Type of casing: Sch 40 4in

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

Screen slot size: 0.2 inches Setting depth: From 100 feet to 140 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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BY: OLWR

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 #: R63
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: Justin Robinson
 Date completed: 5/13/11
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>Wayne Sarréau</u>	Latitude: <u>W090°18'20.6"</u> Longitude: <u>N31°22'22.9"</u>
Mailing Address: <u>3603 Hwy 583SE</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁴² Survey-grade GPS <input checked="" type="checkbox"/> ⁴³
<u>Roth MS 39662</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 551-3692</u>	NW ¼ SW ¼ Sec <u>28</u> T <u>S20</u> R <u>9E</u>
	Distance Direction Nearest Town <u>12</u> Miles <u>SE</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>5/13/11</u>	Setting Depth: <u>115</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/13/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>77</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> 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 _____ 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.

Justin Robinson 00003025
 Print Name of Pump Installer and License No. (if applicable)

Justin Robinson
 Signature of Pump Installer

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Form: OLWR-SWR-1B (2/09)

BY: OLWR