

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: LOWNDES  
Permit #: \_\_\_\_\_  
Driller: ROSSI DRILLING  
Date drilling completed: 10-30-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-230  
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>Danny Blakeney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Ruben Fish &amp; Steak House</u> <u>2910 Hwy 96</u> <u>Millport AL 35526</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 E 1/4 Sec 20 Twn 18 S Rng 18 E</u>
Telephone No. <u>(205) 792-1991</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

**Well / Borehole Data**

Date drilling started: 10-27-06 Date drilling completed: 10-30-06 Hole depth: 217 Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 74 feet above or below (circle one) land surface Date measured: 10-30-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 217 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 207 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1/32 inches Setting depth: From Bottom feet to 10 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

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County Louisiana  
 Permit #: \_\_\_\_\_  
 Driller: Rossi Drilling  
 Date completed: 10-31-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-230  
 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>Danny Blakeney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Russell's Fish &amp; Steak House</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>7910 Hwy 96</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Millport</u> <u>LA</u> <u>705576</u>	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>30</u> T <u>18</u> S R <u>18</u> <u>W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(205) 792-1991</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type 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</u>
Date Pump Installed: <u>10-30-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-30-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>7 1/2</u> 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 <u>15</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Thomas Rossi 2-509 Thomas Rossi  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B  
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