

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)

County: Pearl River
Permit #: _____
Driller: Singleton's
Date drilling completed: 3/1/2010

For Office Use Only:
Aquifer: N 54
Well #: _____
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>Anthony Gelderman III</u>	Latitude: <u>30° 45' 23"</u> Longitude: <u>89° 22' 26"</u> <i>* Google Earth</i>
Mailing Address: <u>2727 Prytanis ST.</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Suite 14</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Orleans, LA 70130</u>	<u>SW 1/4 SE 1/4 Sec 26 Twn 35 Rng 14W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>14.5</u> Miles Direction: <u>S/E</u> of Nearest Town: <u>Poplarville</u>
Telephone No.: <u>(601) 916-3815</u>	

Well / Borehole Data

Date drilling started: 3/1/10 Date drilling completed: 3/1/10 Hole depth: 110' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Singleton's private well

Method of dosing and volume of Chlorine used in drilling and development: 199110W Black / 1,000 gallons

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: 17 feet above or below (circle one) land surface Date measured: 3/1/2010

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

Well depth: 55' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 45' feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .012 inches Setting depth: From 45 feet to 55 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)

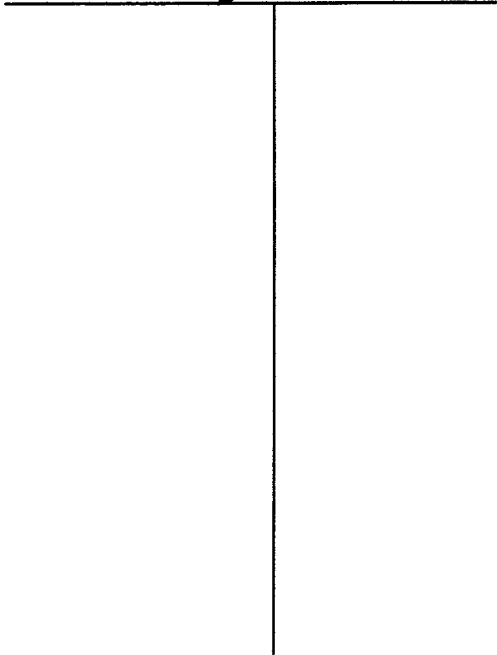
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N 54

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20'
Coarse Sand	20	55
Grey Clay	55	62
Brown Sand	62	65
Blue Clay	65	110

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Teme F. Singleton #0-813 3/21/10
 Print Name of Responsible Licensee and License No. Date

[Handwritten Signature]
 Signature of Licensee

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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: Pearl River
 Permit #: _____
 Driller: Singleton's
 Date completed: 3/15/10
Conv information from block on Part 1

For Office Use Only:

Aquifer: NS4
 Well #: _____
 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>Anthony Gelderman III</u>	Latitude: <u>30°45'23"</u> Longitude: <u>89°22'26"</u>
Mailing Address: <u>2707 Prytanis St.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Google earth
<u>Suite 14</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>New Orleans, LA 70130</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 916-3815</u>	<u>14.5</u> Miles <u>S/S</u> of <u>Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Hand Pump</u>	Horse Power Rating of Motor: <u>N/A</u>
Date Pump Installed: <u>3/15/2010</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>3</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/1/2010</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>17</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>8</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</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.

Terre F. Singleton #0-813 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-3110 (09)
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