

Singleton's Drilling LLC State Well Report

County: Pearl River
 Permit #: _____
 Driller: UNR 00001003
 Date drilling completed: 6/14/12

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 #: P110
 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>Rodney Lemoine</u>	Latitude: <u>30°41'53"</u> Longitude: <u>89°44'39"</u>
Mailing Address: <u>267 Carey Byrd Rd. Carriere MS 39426</u>	Method of Lat/Long (circle one): <u>Google Earth</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NE 1/4 SW 1/4 Sec 18 Twn 4S Rng 17W
Telephone No. <u>(985) 285-6849</u>	Distance: <u>2.5</u> Miles Direction: <u>N/E</u> of Nearest Town: <u>Henleyfield</u>

Well / Borehole Data

Date drilling started: 6/14/12 Date drilling completed: 6/14/12 Hole depth: 150' Hole diameter: 6 3/4"

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

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon per 1000 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: 36' feet above or below (circle one) land surface Date measured: 6/15/12

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4x2 inches Type of casing: PVC SCHED 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC slotted .010

Screen slot size: .010 inches Setting depth: From 140-150 feet to _____ 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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Lic # UMR00001003

STATE WELL REPORT

Part 2

County: Pearl River
 Permit #: _____
 Driller: Singleton's Drilling LLC
 Date completed: 6/15/12
Copy information from block on Part 1

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 #: P110
 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>Rodney Lemoine</u>	Latitude: <u>38°41'53"</u> Longitude: <u>89°44'29"</u>
Mailing Address: <u>267 Carey Bryd Rd.</u> <u>Carriere,</u> <u>MS 39426</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> <u>Goosk earth</u> USGS quad <u>Hand-held GPS</u> <u>Survey-grade GPS</u>
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 18 T 45 R 17W</u>
Telephone No. <u>(985) 285-6849</u>	Distance _____ Direction _____ Nearest Town _____ <u>2.5 Miles N/E of Henleyfield</u>

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>1/2</u>
Date Pump Installed: <u>6/15/12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/15/12</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>58</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> 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.

Teme F. Singleton UMR00001003
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B (9/09)

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