

# 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 #: F154  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: W. Lee  
Permit #: \_\_\_\_\_  
Driller: Justin Robinson  
Date drilling completed: 5/6/11

**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>Blake Robinson</u>	Latitude: <u>33° 15' 26" N</u> Longitude: <u>81° 15' 01" W</u>
Mailing Address: <u>2100 Brent rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Summit MS 39066</u>	<u>SW 1/4 SW 1/4 Sec 4 Twn 3N Rng 9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 600 0850</u>	<u>1.0 Miles East of W. Lee</u>

### Well / Borehole Data

Date drilling started: 5/5/11 Date drilling completed: 5/6/11 Hole depth: 160 Hole diameter: 6 7/8

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: 37 feet above or below (circle one) land surface Date measured: 5/6/11

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

Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC 8440

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC 8440

Screen slot size: 40 inches Setting depth: From 155 feet to 135 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**

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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: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Justin Robinson  
 Date completed: 5/6/11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F154  
 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>Blake Robinson</u>	Latitude: <u>W90°18'14.45" Longitude: N31°15'02.22"</u>
Mailing Address: <u>2100 Brentwood</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <sup>26</sup> USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
<u>Summit MS 39466</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 4 T 3N R 7E</u>
Telephone No. <u>(601) 600 0888</u>	Distance Direction Nearest Town <u>10 Miles East of McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 hp</u>
Date Pump Installed: <u>5/6/11</u>	Setting Depth: <u>128</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>5/6/11</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>88</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>128</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 00003085  
 Print Name of Pump Installer and License No. (if applicable)

Justin Robinson  
 Signature of Pump Installer

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Form: OLWR-SWR-1B (04/09)