

# 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: Pike  
Permit #: \_\_\_\_\_  
Driller: Teme Singleton  
Date drilling completed: 5/25/09

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L 204  
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>Tom Harlan</u>	Latitude: <u>31° 05' 14"</u> Longitude: <u>90° 25' 01"</u>
Mailing Address: <u>500 Dolhonde St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Google earth</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gretwa LA 70053</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 5 Twn 1N Rng EE</u>
Telephone No. <u>(504) 813-7880</u>	Distance <u>5</u> Miles <u>N/E</u> of <u>OSYKA MS</u>

**Well / Borehole Data**

Date drilling started: 5/25 Date drilling completed: 5/25 Hole depth: 135' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Private well (Singleton's)

Method of dosing and volume of Chlorine used in drilling and development: 1.5 gallon Blend / 1000 Gallons

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: N/A

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: 56 feet above of below (circle one) land surface Date measured: 5/28/09

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 123 feet Casing diameter: 4 inches Type of casing: PVC schd 40

Screen length: 7 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 0.12 inches Setting depth: From 123 feet to 130 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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# 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: Terre Singleton  
 Date completed: 5/28/09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L204  
 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>Tom Harlan</u>	Latitude: <u>31° 05' 14"</u> Longitude: <u>90° 25' 01"</u>
Mailing Address: <u>500 Dolhonde St.</u>	Method of Lat/Long (check one): <u>goosie earth</u> Conventional Survey _____
<u>Bretnig LA 70052</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(504) 813-7880</u>	<u>NE 1/4 NE 1/4 Sec 5 T 1 N R 8 E</u>
	Distance Direction Nearest Town <u>5</u> Miles <u>N/E</u> of <u>OSYKA MS</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</u>
Date Pump Installed: <u>5/28/09</u>	Setting Depth: <u>95</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/28/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>56</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</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 E. Singleton Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

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

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