

# 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: Singleton's  
Date drilling completed: 8/22/10

For Office Use Only:  
Aquifer: L 218  
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>Donald Hughes</u>	Latitude: <u>31° 05' 19"</u> Longitude: <u>90° 23' 12"</u>
Mailing Address: <u>4041 Lang Rd.</u>	Method of Lat/Long (circle one): <u>Google</u> Conventional Survey,
<u>Magnolia MS 39652</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 3 Twn 1 N Rng 8 E</u>
Telephone No. ( <u>601</u> ) <u>551-6095</u>	Distance Direction Nearest Town <u>6.25</u> Miles <u>E-S/E</u> of <u>MAGNOLIA</u>

**Well / Borehole Data**

Date drilling started: 8/21/10 Date drilling completed: 8/22/10 Hole depth: 110' Hole diameter: 6 3/4"

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

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon bleach / 1000 gallons water

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: 77 feet above or below (circle one) land surface Date measured: 8/22/10

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

Well depth: 98' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 88' feet Casing diameter: 4 inches Type of casing: PVC sch 40

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

Screen slot size: .010 inches Setting depth: From 88 feet to 98 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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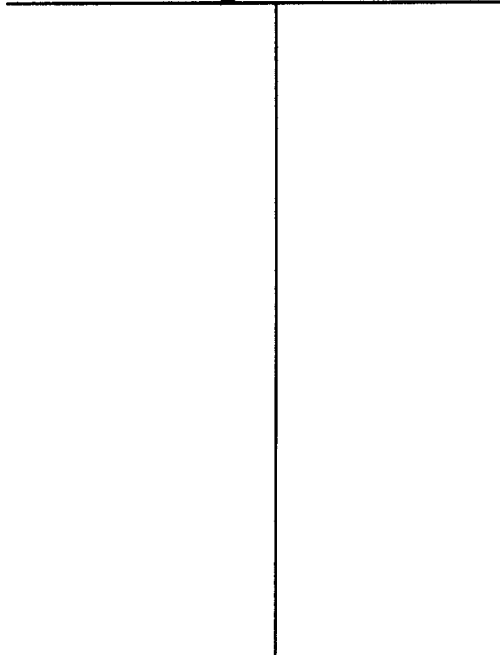
L 218

The sketch below only required for water wells

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

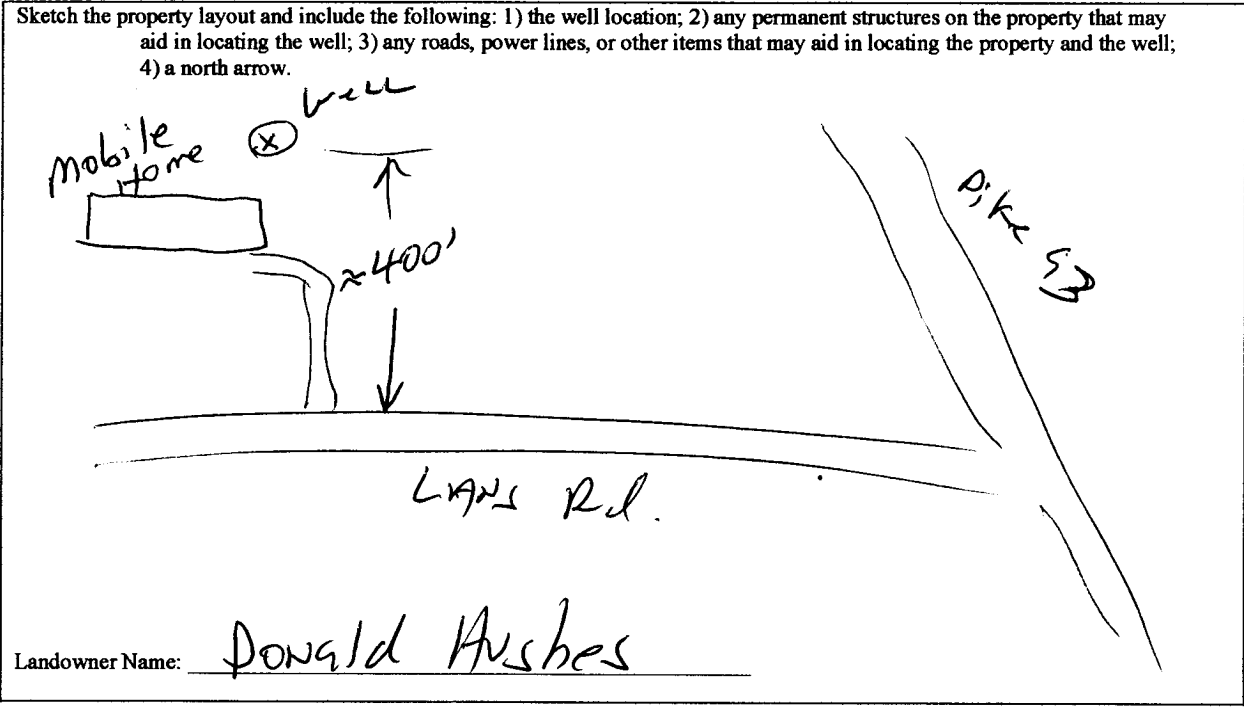
If well telescopes, show depths on sketch

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	14
SANDY CLAY	14	26
SAND	26	50
COARSE SAND + P. GRAV	50	55
CLAY + GRAVEL	55	58
SAND + GRAVEL	58	65
CLAY	65	69
COARSE SAND	69	74
COARSE SAND + GRAVEL	74	85
LARGE GRAVEL	85	99
med SAND	99	110

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



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.

Jeme Singleton #0813 8/24/10  
 Print Name of Responsible Licensee and License No. Date

[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: Pike  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 8/22/10  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: L 218  
 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>Donald Arches</u>	Latitude: <u>31° 05' 19"</u> Longitude: <u>90° 23' 18"</u>
Mailing Address: <u>4041 LANG Rd.</u>	Method of Lat/Long (check one) <input checked="" type="checkbox"/> Conventional Survey _____
<u>Magnolia MS 39652</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(601) 551-6095</u>	Distance Direction Nearest Town <u>6.25</u> Miles <u>E 1/2 E</u> of <u>MAGNOLIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8/22/2010</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/22/10</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>77</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>83</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</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.

James F. Lindbeck #0813  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SW-115 (04/08)  
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