

# 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: Adams  
Permit #: \_\_\_\_\_  
Driller: Water Well Drilling  
Date drilling completed: 3-27-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-139  
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>Paul Bourke</u>	Latitude: <u>31° 28' 43"</u> Longitude: <u>91° 25' 33"</u>
Mailing Address: <u>129 Bourke Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Natchez</u> <u>MS</u> <u>39120</u> City State Zip Code	<u>A<sup>1</sup>R</u> <u>E<sup>1</sup></u> <u>N<sup>1</sup>W</u> Sec <u>19</u> Twn <u>6N</u> Rng <u>3W</u>
Telephone No. <u>(601) 442-4377</u>	Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>Natchez</u>

**Well / Borehole Data**

Date drilling started: 3-24-05 Date drilling completed: 3-27-05 Hole depth: 480 Hole diameter: 7"

Location of the source of any surface water used for drilling: potable water

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): State of MS

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: 181' feet above of  below (circle one) land surface Date measured: 3-27-05

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

Well depth: 360 Well grouted to a depth of 20 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .10 inches Setting depth: From 340 feet to 360 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: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Drilling  
 Date completed: 5-27-05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-139  
 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>Paul Bourke</u>	Latitude: <u>31-28-43</u> Longitude: <u>91-25-33</u>
Mailing Address: <u>129 Bourke Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Natchez MS 39120</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>N 1/4 E 1/4 Sec 19 T 6N R 3W</u>
Telephone No. <u>(601) 442-4377</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>Natchez</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>1.5</u>
Date Pump Installed: <u>5-27-05</u>	Setting Depth: <u>250'</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-27-05</u>	Air Line <input type="checkbox"/> <b>Electric Measuring Line</b> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>181</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>223</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>42</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Water Well Drilling 0-681 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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