

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: Amite
Permit #: 0-586
Driller: JAMES WELLS
Date drilling completed: 5-26-11

For Office Use Only:

Aquifer: A 63
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 <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Shawn Champagne</u> | Latitude: <u>31° 18' 36"</u> Longitude: <u>91° 00' 04"</u> |
| Mailing Address: <u>1703 Ben Hogan Dr.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>New Iberia La 70563</u> City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 18 Twn 4N Rng 2E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>8</u> Miles <u>NE</u> of <u>Crosby</u> |

Well / Borehole Data

Date drilling started: 5-26-11 Date drilling completed: 5-26-11 Hole depth: 125 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek

Method of dosing and volume of Chlorine used in drilling and development: shock

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: 80 feet above or below (circle one) land surface Date measured: 5-26-11

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 105 feet to 125 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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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: _____
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 5-26-11

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department ~~within 30 days~~ of the installation of pump.

Well Owner Information

Owner Name: Shawn Champagne
 Mailing Address: 1703 Ben Hogan Dr.
New Iberia La 70563
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec 18 Twn 4N Range 2E
 Direction Nearest Town
 Distance 8 Miles of Crosby

Pump Type

Circle one

Air Lift _____
 Bucket _____
 Centrifugal _____
 Jet _____
 Piston _____
 Rotary _____
 Other (specify): _____

Submersible
 Turbine _____
 Flowing Well _____

Date Pump Installed: 5-26-11
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine _____
 Gasoline Engine _____
 Windmill _____
 Hand _____
 Other (specify): _____

Electric Motor
 Natural Gas _____
 Tractor PTO _____

Horse Power Rating of Motor: 1
 Setting Depth: 115 feet
 Number of Stages: 14

Pump Test Data

Date Well Tested: 5-26-11
 Static Water Level (A): 80 Feet Below Land Surface
 Pumping Water Level (B): 115 Feet Below Land Surface
 Drawdown (B) - (A): 88 Feet Below Land Surface
 Test Pumping Rate: 17 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line _____
 Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 8 feet after 17 hours of pumping
4 hours of pumping

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

JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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