

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 #: _____
Driller: Singleton T.
Date drilling completed: 9/25/09

For Office Use Only:
Aquifer: _____
Well #: M91
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>Kenny Verdin</u>	Latitude: <u>31° 9' 28"</u> Longitude: <u>90° 52' 12"</u>
Mailing Address: <u>2250 Greenwood St</u> <u>St. A</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Kenner LA 70062</u> City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>12</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. <u>(504) 461-5000</u>	Distance Direction Nearest Town <u>4</u> Miles <u>N/W</u> of <u>Liberty</u>

Well / Borehole Data

Date drilling started: 9/25/09 Date drilling completed: 9/25/09 Hole depth: 130' Hole diameter: 7"

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

Method of dosing and volume of Chlorine used in drilling and development: Blend
1 gallon per 1,000 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: CAMP

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 75' feet above of below (circle one) land surface Date measured: 9/25/09

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: 120 feet Casing diameter: 4 inches Type of casing: PVC Sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC Sch 40

Screen slot size: .008 inches Setting depth: From 114 feet to 121 feet
137 130

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

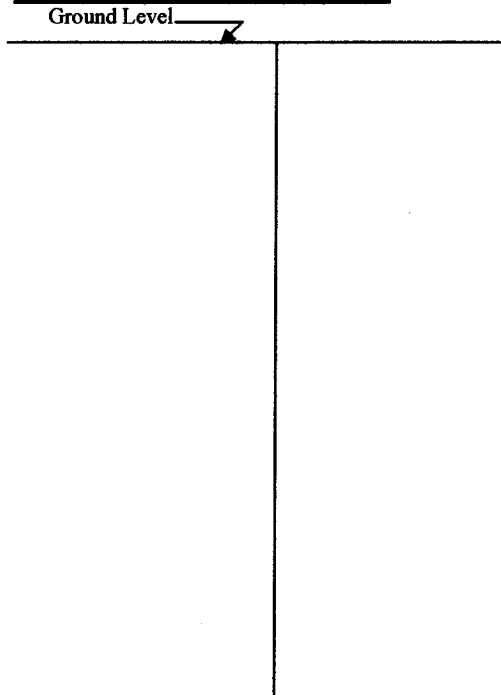
Form: OLWR-SWR-1A (04/08)

RECEIVED
OCT 02 2009
BY: OLWR

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

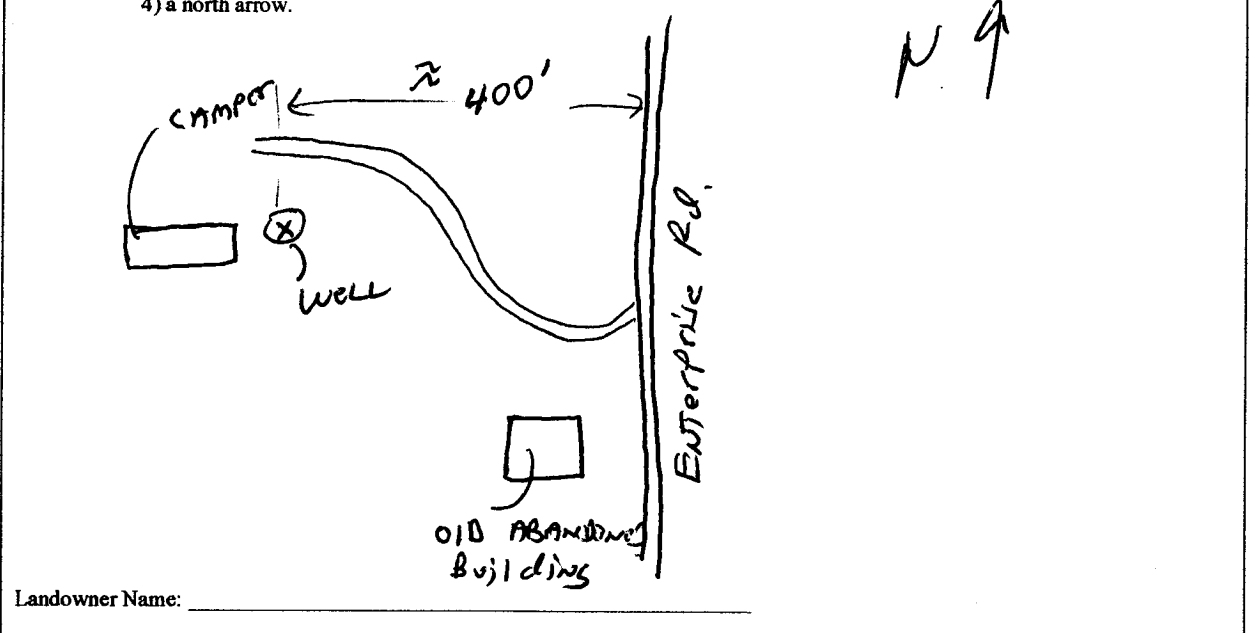
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
SANDY RED CLAY	Ground Level	22'
COARSE SAND + GRAVEL	22'	50
RED CLAY	50	92
COARSE SAND - P GRAVEL	92	99
SOFT RED CLAY	99	112
SAND + P-GRAVEL	112	123
SOFT CLAY	123	127
MEDIUM SAND	127	130


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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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.

Teme SINGLETON 0-813 9/25/09 

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED

OCT 02 2009

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: AMITE
 Permit #: _____
 Driller: Singleton
 Date completed: 9/25/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M91
 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>Kenny Verdin</u>	Latitude: <u>31° 9' 28"</u> Longitude: <u>90° 52' 12"</u>
Mailing Address: <u>2250 Greenwood St</u> <u>St A</u> <u>Kenner LA 70062</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <u>Hand-held GPS</u> _____ Survey-grade GPS _____ <u>NW 1/4 NW 1/4 Sec 12 T 2N R 3E</u>
Telephone No. (504) <u>461-5000</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Liberty</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>9/25/09</u>	Setting Depth: <u>100</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>9/25/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</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.

Am Singleton 0-813
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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

RECEIVED

OCT 02 2009

BY: OLWR