

Jim

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: 558

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Anite  
 Permit #: MS-GW-17108  
 Driller: Fazial Services  
 Date drilling completed: 11-26-13

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Goodrich Petroleum</u>	Latitude: <u>31° 03' 94"</u> Longitude: <u>090° 49' 92"</u>
Mailing Address: <u>881 Louisiana St</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Suite 700</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Houston TX 77002</u>	<u>SW 1/4 NW 1/4, Sec 8 T1W R4E</u>
City State Zip Code	<u>7</u> Miles <u>S</u> of <u>Liberty</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 11-22-13 Date drilling completed: 11-26-13 Hole depth: 320 Hole diameter: 7 7/8"  
 Location of the source of any surface water used for drilling: NA  
 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): NA  
 Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): Pkg Supply  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 80 feet [above or  below] land surface Date measured: 11-26-13  
 Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_  
 Well depth: 320' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix  
 Casing length: 280 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC  
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: Sch 40 PVC  
 Screen slot size: .020 inches Setting depth: From 280 feet to 320 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed  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*

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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 39225-2309

(601)961-5210

(601) 360-0535 (fax)

### For Office Use Only:

Well #: 558

Aquifer: \_\_\_\_\_

County: Amite  
 Permit #: MS 6W-17108  
 Driller: fas-line  
 Date completed: 11-26-13  
*Copy information from block on Part 1*

*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>Goodrich School</u>	Latitude: <u>31° 03' 54"</u> Longitude: <u>90° 49' 55.2"</u>
Mailing Address: <u>801 Louisiana St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 700</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houston</u> TX <u>77002</u>	<u>SW 1/4 NW 1/4, Sec 8 T 1N R 4E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 11-29-13 Rated Pump Capacity: 65 Gallons Per Minute

Is This Pump (circle one): New  Repaired  Replacement  Rental

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): Generator

Horse Power Rating of Motor: 7.5 Setting Depth: 168 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-28-13 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface

Drawdown [(B) - (A)]: 80 Feet Below Land Surface Test Pumping Rate: 65 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: Neta Film Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: 2" gpm

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: 11-28-13 Meter installed by: Fas-line Services

Is This Meter (circle one): New  Repaired  Replacement  Rental

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Clint Sunday 2-15-14 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A(12/13)

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