

State Well Report

Part 1 - Driller's Log

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: PEARL RIVER
Permit #: 0519
Driller: JOCK BURGE
Date drilling completed: 4/5/06

For Office Use Only:
Aquifer: _____
Well #: Q-53
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>MANNY SHUKERBERGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>? DEER RUN #89</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CARRIAGE MS. 39424</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>45</u> Rng <u>18W</u>
Telephone No. <u>(985) 780-3032</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 4/4/06 Date drilling completed: 4/5/06 Hole depth: 285 Hole diameter: 3

Location of the source of any surface water used for drilling: WATER PUMP FROM MY WELL

Method of dosing and volume of Chlorine used in drilling and development: POURED INTO PUMP 1 GAL

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) NO

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 4/5/06

Method of Measurement (circle one) steel tape electric tape air line other: STRING WITH WEIGHT

Well depth: 285 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 285 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC SLOT

Screen slot size: 1/10 inches Setting depth: From 265 feet to 285 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): AIR 13CFM

Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A
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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: PEARL RIVER
 Permit #: 0519
 Driller: JOCK BURGE
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-53
 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>MARK SHUK BURGE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DEER RUN #89</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CARRERE MS 39424</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23</u> T <u>4S</u> R <u>18W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>NORTH</u> of <u>PICAYUNE MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
<u>Centrifugal</u> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>FSC</u>	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>SAME AS WELL DRILL DATE</u>	Setting Depth: <u>25</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO F ND ERET</u>	Air Line Electric Measuring Line <u>Static Line</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

JOCK BURGE 0-519 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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