

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: FEARL RIVER
Permit #: 0-519
Driller: SOCKR. BURGE
Date drilling completed: 7/10/06

For Office Use Only:

Aquifer: _____
Well #: Q-56
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 OLA</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>HWY 43 NORTH</u> <u>CARRIERE MS. 39424</u> <u>CARRIERE MS 39424</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>45</u> Rng <u>18W</u>
Telephone No. (____) <u>504-512-6265</u>	Distance Direction Nearest Town <u>10</u> Miles <u>NORTH</u> of <u>PICAYUNE MS.</u>
Well / Borehole Data	
Date drilling started: <u>7/9/06</u> Date drilling completed: <u>7/10/06</u> Hole depth: <u>280</u> Hole diameter: <u>3 1/4</u>	
Location of the source of any surface water used for drilling: <u>USE WELL WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>MIX IN TANK 2 GAL BENCH</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>12'</u> feet above or below (circle one) land surface Date measured: <u>7/10/06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>STRING WITH WEIGHT</u>	
Well depth: <u>280</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> <u>Bentonite</u> <u>MIX</u>	
Casing length: <u>270</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>SLOT</u>	
Screen slot size: <u>12</u> inches Setting depth: From <u>270</u> feet to <u>280</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): <u>AIR</u>	
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 #: 0-519
 Driller: SOCKR BURGE
 Date completed: 7/10/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-56
 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 OLA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HWY 43 AT CYBER</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PICAYUNE MS 39466</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>32</u> T <u>45</u> R <u>18W</u>
Telephone No. (____) <u>504-512-6265</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1HP STA-RITE</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/10/06</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/19/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): <u>STRING + WEIGHT</u>
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>AIRLIFT</u> 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.

SOCKR BURGE Print Name of Pump Installer and License No. (if applicable) SOCKR BURGE Signature of Pump Installer

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 Form: OLWR-SWR-1B
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