

County: Pike
 Permit #: _____
 Driller: LARRY EASTON
 Date drilling completed: _____

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601) 961-5217
 (601) 344-2545 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-274
 L.S. Elevation: _____
 Filing #: _____

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>Albert Aucoin</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>1058 DEER RD</u>		Method of Lat/Long (circle one): Conventional Survey	
<u>McLumb MS 39448</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City _____ State _____ Zip Code _____		1/4 _____ 1/4 Sec <u>10</u> Twp <u>24</u> Rng <u>9E</u>	
Telephone No. <u>504 672-4440</u>		Distance _____ Miles	Direction _____ of Nearest Town _____
Well / Borehole Data			
Date drilling started: <u>11-7-08</u>	Date drilling completed: <u>11-8-08</u>	Hole depth: <u>120</u>	Hole diameter: <u>7 7/8"</u>
Location of the source of any surface water used for drilling: <u>CREEK</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL EVERY 3000 GAL</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) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
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>88</u> feet above or below (circle one) land surface Date measured: _____			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Well depth: <u>100</u> Well grouted to a depth of _____ feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix			
Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>012</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u>			
Other (describe): _____			
Top of tap pipe or reduction in casing: _____ feet <i>(If uncased or more than one screen, describe on next page)</i>			

Form: OLWR-SWR-1A

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Permit # _____ Installer: <u>LARRY EASLEY</u> Date completed: _____ Copy information from Part I	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: _____ Well #: <u>E-274</u> Elevation: _____
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This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Albert Puckin</u> Mailing Address: <u>1054 Deer RD</u> <u>McCOMB MS 39448</u> City: _____ State: _____ Zip Code: _____ Telephone No: <u>504 812 4940</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ SURVEY-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>10 T.3 N. R. 8 E.</u> Distance: _____ Direction: _____ Nearest Town: _____ <u>4 Miles EAST of McCOMB</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jet: _____ <u>Submersible</u> Bucket: _____ Piston: _____ Turbine: _____ Centrifugal: _____ Rotary: _____ Flowing Well: _____ Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ <u>Electric Motor</u> Hand: _____ Tractor PTO: _____ Windmill: _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>115</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>88</u> Feet Below Land Surface Pumping Water Level (B): <u>105</u> Feet Below Land Surface Drawdown (B) - (A): <u>17</u> Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of <u>17</u> feet after <u>4</u> hours of pumping

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

LARRY EASLEY 0510
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley
 Signature of Pump Installer

Form: OLWR-SWR-18

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