

**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: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Eddie Detiveaux  
 Date drilling completed: 9/3/10

For Office Use Only:

Aquifer: G 179  
 Well #: \_\_\_\_\_  
 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.*

<p align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Joel Cervantes</u>          Mailing Address: <u>50120 Railroad Ave.</u>  <u>Tickfaw, LA 70446</u>          City State Zip Code          Telephone No. <u>(985) 969-3666</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 7' 11"</u> Longitude: <u>90° 28' 32.6"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SW 1/4 SW 1/4 Sec 25 Twn 2N Rng 7E</u>          Distance Direction Nearest Town  <u>1/2</u> Miles of <u>MASNOLIA</u></p>
--	--

**Well / Borehole Data**

Date drilling started: 9/3/10 Date drilling completed: 9/3/10 Hole depth: 78' Hole diameter: 6 3/4"  
 Location of the source of any surface water used for drilling: Simsletons Private Well  
 Method of dosing and volume of Chlorine used in drilling and development: 1.5 gal / 1000 SS/1000  
 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: Stock  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 78' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 68' feet Casing diameter: 4 inches Type of casing: PVC Sched 40  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: .008 inches Setting depth: From 68' feet to 78' feet  
 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*



# 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: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Eddie Dertueq ux  
 Date completed: 9/3/10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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.*

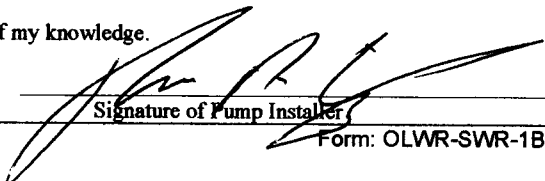
Well Owner Information	Well Location
Owner Name: <u>Joel Cervantes</u>	Latitude: <u>31° 1.1</u> Longitude: <u>90° 28.32.6</u>
Mailing Address: <u>50120 Railroad Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ticketon LA 70446</u>	USGS quad _____ <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(985) 969-3666</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>South</u> of <u>Masonolis</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 HP</u>
Date Pump Installed: <u>9/3/10</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/3/10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>7</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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.

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

  
 Signature of Pump Installer

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