

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald Well Service  
 Date drilling completed: 2-23-07

### 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-162  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Brian Aguilar</u>	Latitude: <u>31° 01' 59.5"</u> Longitude: <u>90° 24' 11.3"</u>
Mailing Address: <u>Chalke Rhodes Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Osyka</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>10</u> Rng <u>8E</u>
Telephone No. ( )	Distance Direction Nearest Town Miles of
Well / Borehole Data	
Date drilling started: <u>2-23-07</u> Date drilling completed: <u>2-23-07</u> Hole depth: <u>82'</u> Hole diameter: <u>7"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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>3'</u> feet above or below (circle one) land surface Date measured: <u>2-23-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>82'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>72'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>10/32</u> inches Setting depth: From <u>72'</u> feet to <u>82'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underrcamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

*Pump set by Billy Gill.*

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: Pike  
 Permit #: D-706P  
 Driller: Fitzgerald  
 Date completed: 3-8-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-162  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Brian Aquillard</u> Mailing Address: <u>N/A</u> <u>Charlie Rhodus Rd</u> <u>Osgood Miss 39657</u> <small>City State Zip Code</small> Telephone No. <u>( ) N/A</u>	Latitude: <u>31.01.59.5</u> Longitude: <u>90.24.11.3</u> <small>Method of Lat/Long (circle one): Conventional Survey, <u>59</u> <u>11</u></small> USGS quad, Hand-held GPS, Survey-grade GPS <u>14</u> <u>14</u> Sec <u>21</u> Twn <u>N</u> Rng <u>8E</u> Distance Direction Nearest Town <u>4.5</u> Miles <u>E</u> of <u>Osgood, MS</u>

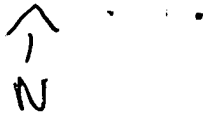
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-7-07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>60</u> feet Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-7-07</u> <small>Well depth <u>82'</u></small> Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>35'</u> Feet Below Land Surface Test Pumping Rate: <u>12.5</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>6</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <b>Steel Tape</b> <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

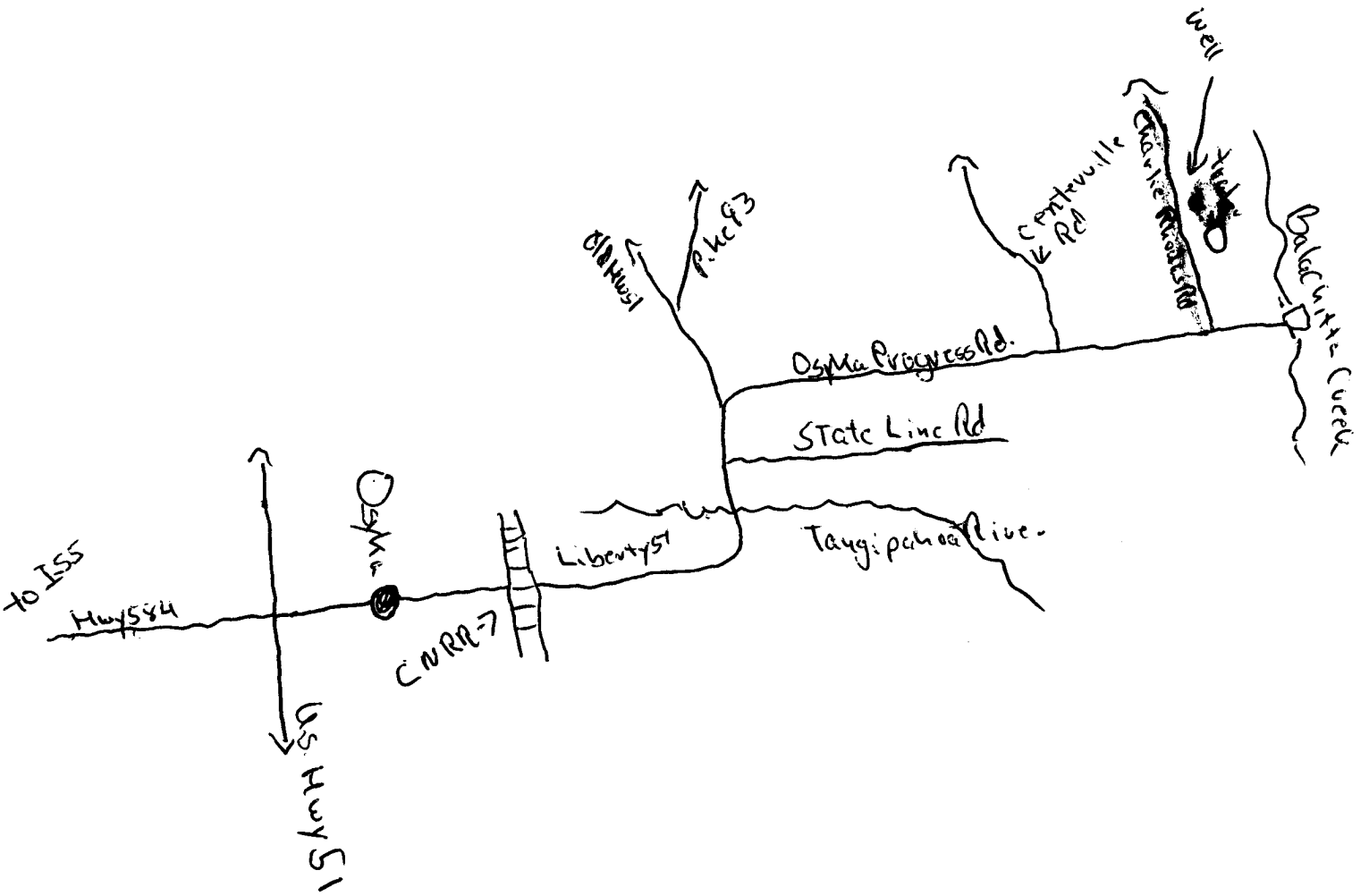
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

William A. Gill Jr. D-706P William A. Gill Jr.  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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