

State Well Report

Part I - 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:

Acquirer:  
 Well #: L-173  
 L. S. Elevation:  
 E-log #:

County: Pike  
 Permit #:  
 Driller: Fitzgerald Well Sec  
 Date drilling completed: 8-27-07

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><b>Information on Well Owner</b>                  (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Craig Boyette</u>                  Mailing Address: <u>Charlie Rhodes Rd</u>  <u>Osyka MS</u>                  City State Zip Code                  Telephone No. ( )</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 2' 14.8"</u> Longitude: <u>90° 24' 13.8"</u>                  Method of Lat/Long (circle one): <u>Conventional Survey</u>                  USGS quad, Hand-held GPS, Survey-grade GPS                  1/4 Sec <u>21</u> Twp <u>1N</u> Rng <u>8E</u>                  Distance Direction Nearest Town                  Miles of</p>
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**Well / Borehole Data**

Date drilling started: 8-27-07 Date drilling completed: 8-27-07 Hole depth: 100' Hole diameter: 7"

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): 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):

Static Water Level: 22' feet above or below (circle one) land surface Date measured: 8-27-07

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: Pvc

Screen length: 10' feet Screen diameter: 4" inches Type of screen: Pvc

Screen slot size: .012 inches Setting depth: From 90' feet to 100' feet

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

Top of tap 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Fitzgerald  
 Date completed: 9-24-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-173  
 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>Greg Broulette</u> Mailing Address: <u>Charlie Rhoads Rd</u> <u>Osyka Ms, 39657</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>31° 2' 14.8"</u> Longitude: <u>90° 24' 13.8"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>E</u> of <u>Osyka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <b>Submersible</b> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>9-23-07</u> Rated Pump Capacity: <u>9.5</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <b>Electric Motor</b> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>75</u> feet Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-23-07</u> Static Water Level (A): <u>22'</u> Feet Below Land Surface Pumping Water Level (B): <u>75'</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>48'</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>8</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <b>Steel Tape</b> 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. 0-51-P William A. Gill Jr.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer