

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: Teme Singleton
 Date drilling completed: 5/19/09

For Office Use Only:

Aquifer: _____
 Well #: L203
 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>Tom Greci</u>	Latitude: <u>31° 03' 31"</u> Longitude: <u>90° 23' 54"</u>
Mailing Address: <u>232 Albania Dr.</u>	Method of Lat/Long (circle one): <u>Google earth</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Luling LA 70070</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>9</u> Twn <u>1N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(504) 722-0085</u>	<u>6</u> Miles <u>N/E</u> of <u>OSYKA</u>

Well / Borehole Data

Date drilling started: 5/19 Date drilling completed: 5/19 Hole depth: 70' Hole diameter: 4"

Location of the source of any surface water used for drilling: Private well (Singleton's)

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon Bleach / 1000 gallon TANK

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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 N/A Other (describe) N/A

Static Water Level: 48' feet above or below (circle one) land surface Date measured: 5/21/09

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

Well depth: 70' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC schd. 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 0012 inches Setting depth: From 60 feet to 70 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***

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

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Pike
 Permit #: _____
 Driller: Teme Singleton
 Date completed: 5/21/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L203
 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>Tom Greci</u>	Latitude: <u>31°03'31"</u> Longitude: <u>90°23'54"</u>
Mailing Address: <u>232 Albany Dr.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Luling, LA 70070</u>	USGS quad <u>Goose earth</u> <input checked="" type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 9 T1N R8E</u>
Telephone No. (504) <u>722-0085</u>	Distance Direction Nearest Town <u>6</u> Miles <u>N/E</u> of <u>OSYKA MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/21/09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/21/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>n/a</u> feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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

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