

LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
WATER RESOURCES SECTION
WATER WELL REGISTRATION LONG FORM (DOTD-GW-1)

Gill Water Well Drilling
 Name of Water Well Contractor

PLEASE PRINT IN INK OR TYPE WHEN COMPLETING THIS FORM

1. Well Owner: NORTHSHORE BIBLE CHURCH Phone: 504 882-6096
 Address: P.O. BOX 2214
COVINGTON, LA 70434
 Owner's Well Number or Name (If Any) _____

License Number WWC-055
[Signature] 4/96
 Authorized Signature (Date)

MAIL ORIGINAL TO:
 Department of Transportation and Development
Attn: Chief-Water Resources Section
 P.O. BOX 94245
BATON ROUGE, LA 70804-9245
 (504) 379-1434

2. LOCATION OF WELL: Parish St. Tammany, Well is Near, Covington
 (Town, City)
 Approximately 4/10 miles from Hwy 190 at Sunshine St
 (Crossroads, Railroad, Any Landmark, etc.)
 (Please draw sketch on back of Original Form)

FOR OFFICE USE ONLY
 STATE 2 PARISH 103 LOCAL WELL NO. -74527

3. WELL INFORMATION: Ground elevation _____ ft. M.S.L., Depth of Hole: 140 ft.
 Diameter of Hole: 7.5 in. Depth of Completed Well: 140 ft.
 Is well gravel-packed? Yes No Date Completed: 4-24-96

IDENTIFICATION NUMBER
302808090044101

4. CASING AND SCREEN INFORMATION:
 CASING: TYPE PVC SCREEN: TYPE PVC
4 in. from 0 ft. to 120 ft. 4 in. from 120 ft. to 140 ft.
 _____ in. from _____ ft. to _____ ft. _____ in. from _____ ft. to _____ ft.
 _____ in. from _____ ft. to _____ ft. _____ in. from _____ ft. to _____ ft.
 Extension Pipe _____ in. from _____ ft. to _____ ft.
 Cemented from 50 ft. to ground surface.
 Pumpdown cementing method used: Inside casing Outside casing

OWNER'S NAME

 WELL DEPTH _____ Ft. Use of Well P - C
 Date Completed MO. YR. _____
 OWNER'S NO. _____ Geologic Unit _____

5. WATER LEVEL AND YIELD INFORMATION: On 4-24-96 the static water level in well was 15 ft.
 Date
 below above ground surface. How determined? _____
 _____ The well yielded _____ gpm with a drawdown of _____ ft. after _____ hours of continuous pumping on (date) _____. Describe how yield was measured _____. It is planned to pump the well at a rate of 20 gpm for _____ hours per day for _____ days per year. Proposed average daily pumping rate: _____ gallons. Motor HP 1 Pump setting 60 ft.

Proposed Daily Pumping Rate _____
 AVAILABLE INFORMATION

6. USE OF WELL (Check Appropriate Box)
 Irrigation/Agricultural Industrial Community Public Supply Power Generation
 Dewatering Observation Non-Community Public Supply Test Hole
 OTHER (Please Specify) _____
 (If Industrial or public supply is checked please see bottom of this form)

CONTRACTOR'S NAME

 SECTION 042 TOWNSHIP 075 RANGE 11E
 REVISED COORDINATES

 HOLE DEPTH _____ ELEV. 0023 QUAD. NO. 159B

7. AVAILABLE INFORMATION (Check Appropriate Boxes)

Is an electrical log or other borehole geophysical log available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If yes, please attach a copy of log)
Is a mechanical analysis of the drill cutting available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If yes, please attach a copy)
Is a chemical analysis of water available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If yes, please attach a copy)
Is a bacteriological analysis available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If yes, please attach a copy)
Are aquifer test results available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If yes, please attach a copy)

Inspected By [Signature]
 Date 2-27-98
 Remarks _____
LSH 10/16/96

8. ABANDONMENT INFORMATION: (Check Appropriate Boxes)
 If well is new does it replace an existing well? YES NO
 If yes, has owner been informed of state regulations requiring plugging of abandoned wells? YES NO

9. REMARKS (Such as engineer, pump information, acreage irrigated, water well subcontractor and license no., etc.)
ESC # 96-235 SUNSHINE ST
COVINGTON, LA

10. DRILLER'S LOG (Description and color of cuttings, such as, shale, sand, etc. in feet below ground level).

FROM	TO	DESCRIPTION	FROM	TO	DESCRIPTION	FROM	TO	DESCRIPTION
0	65	Gray Clay						
65	115	Fine White Sand						
115	140	Coarse Brown Sand						

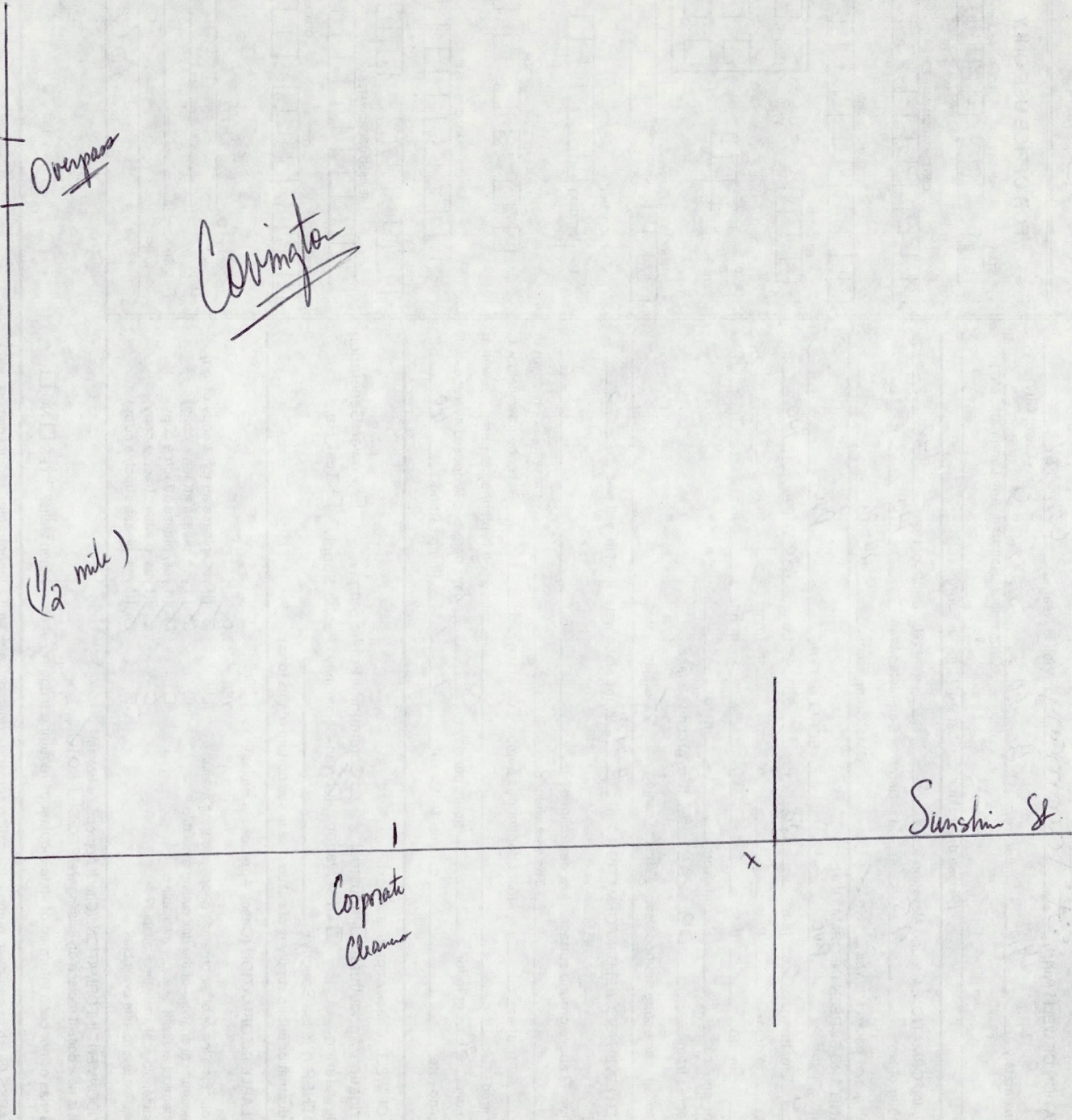
(If necessary, continue log on back of original form.)

PUBLIC SUPPLY: (If well is for public-supply purpose please check one of the following to indicate principal category of public-supply use.)
 Municipal Therapeutic
 Rural Institutional/Government
 Commercial Other _____
 Please Specify _____

INDUSTRIAL: (If well is for industrial purpose please check one of the following to indicate the standard industrial category representing the principal industrial use.)
 Food and Kindred Products Paper and Allied Products
 Textile Mill Products Chemicals and Allied Products
 Lumber & Wood Products (Except Furniture). Petroleum Refining & Related Industries
 Other _____ Primary Metal Products
 Please Specify _____

103-74527

RECEIVED OCT 14 1966



DEPARTMENT OF REVENUE
 BOX 889 09
 CHARLOTTE, N.C. 28202

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MARTINVILLE

