

### 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 #: D25  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Claiborne  
Permit #: \_\_\_\_\_  
Driller: LARRY EASTLEY  
Date drilling completed: 1-14-12

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.

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>David Segrast</u> Mailing Address: <u>1049 CLARKS FERRY RD</u> <u>Heermanville MS 39086</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: <u>32.05.22</u> Longitude: <u>90.49.18</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS <u>1R</u> x <u>1R</u> Sec <u>41</u> Twn <u>13</u> Rng <u>4E</u> Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Port Gibson</u>
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**Well / Borehole Data**

Date drilling started: 1-11 Date drilling completed: 1-14 Hole depth: 300 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: well  
 Method of dosing and volume of Chlorine used in drilling and development: 1 gallon per 3000

Logs run (circle all applicable): No log run  Electric  Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): DEQ

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: 165 feet above or below (circle one) land surface Date measured: 1-25-12  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

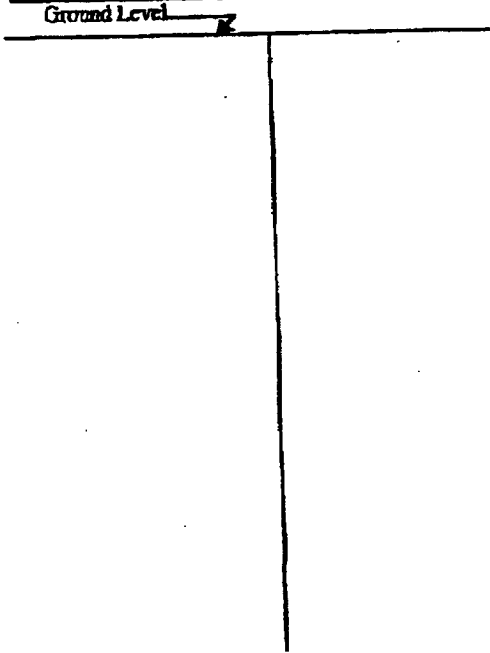
Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 0016 inches Setting depth: From 160, 180 feet to 170, 190 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*

The sketch below only required for water wells

If well telescopes, show depths on sketch

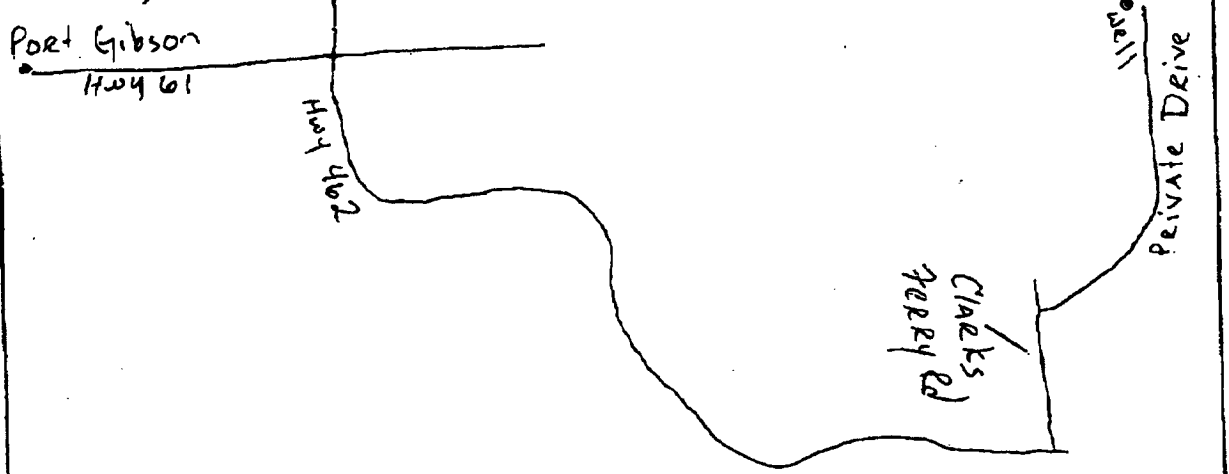


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	160
Sand	160	170
Clay	170	180
Sand	180	190
Clay	190	300

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: David Segeest

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

LARRY EASTLEY 510      2-20-12  
 Print Name of Responsible Licensee and License No.      Date

Larry Eastley  
 Signature of Licensee

### 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)

For Office Use Only:

Acquifer: \_\_\_\_\_

Well #: D25

Elevation: \_\_\_\_\_

County: CLAIBORNE

Permit #: \_\_\_\_\_

Driller: LARRY EASLEY

Date completed: 1-25-12

Conv information from block on Part 1

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>David Segrest</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1049 CLARKS FERRY RD</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>HERMANVILLE MS 39086</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>41</u> T <u>13N</u> R <u>4E</u>		
Telephone No. ( ) _____	Distance: _____	Direction: _____	Nearest Town: _____
	<u>10</u> Miles <u>NE</u> of <u>Port Gibson</u>		

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket: Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1-25-12</u>	Setting Depth: <u>185</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-25-12</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>165</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured slnt in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of _____
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> 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.

LARRY EASLEY 510 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B