

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)

County: Claiibore
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 1-7-12

For Office Use Only:
 Aquifer: _____
 Well #: D26
 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>John Stamps</u>	Latitude: <u>32.341</u> Longitude: <u>90.4953</u>
Mailing Address: <u>7600 Old Fort Gibson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Port Gibson MS 39150</u>	N 1/4 NE 1/4 Sec 60 Twn 13N Rng 4E
City: _____ State: _____ Zip Code: _____	Distance: <u>8</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Port Gibson</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 1-2 Date drilling completed: 1-7 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: 19411021 PPL 3000

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: 160 feet above or below (circle one) land surface Date measured: 1-8-12

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 260 feet to 280 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*

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: Claiborne
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 1-7-12
Get information from blocks on Part 1.

For Office Use Only:
 Aquifer: _____
 Well #: D26
 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>John Stomps</u>	Latitude: <u>32-341</u> Longitude: <u>90-49-53</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW 1/4 NE 1/4 Sec 66 T 13 N R 4 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump installed: <u>1-8-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-12</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</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)

Larry Easley
 Signature of Pump Installer

Form: OLWR-SWR-1B