

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)

County: CLAIBORNE
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 12-11-19

For Office Use Only:
 Aquifer: _____
 Well #: F72
 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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>MOTH Headley</u>	Latitude: <u>31.59 51</u>	Longitude: <u>90.58, 25</u>	
Mailing Address: <u>1154 Moth Headley Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____		
<u>Port Gibson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>1R 1/4 1R 1/4 Sec. 23 Twn 12N Rng 2E</u>		
Telephone No. () _____	Distance: _____	Direction: <u>N</u>	Nearest Town: <u>Port Gibson</u>
	Miles	of	

Well / Borehole Data

Date drilling started: 12-16 Date drilling completed: 12-19 Hole depth: 360' 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): DSQ

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: 75 feet above or below (circle one) land surface Date measured: 12-23

Method of Measurement (circle one) Stick-type electric tape _____ air line _____ other _____

Well depth: 164 feet Well grouted to a depth of 10 feet Type of grout (circle one) Nat. Cement Bentonite _____ Mix _____

Casing length: 144 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 144 feet to 164 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*

F72

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.

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Gravel	20	80
Clay	80	140
Sand	140	164
Clay	164	360

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: Mott Headley

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.

Print Name of Responsible Licensee and License No. LARRY EASTLEY 510 Date 12-25-11 Signature of Licensee Larry Eastley

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 EASTLEY
 Date completed: 12-23-11
Copy information from block on Part 1.

For Office Use Only:
 Aquifer: _____
 Well #: F72
 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>MoH Headley</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1R 1/4 1R 1/4 Sec 1 T 12N R 2E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-23-11</u>	Setting Depth: <u>80</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>12-23-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>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 Eastley 510
 Print Name of Pump Installer and License No. (if applicable)
Larry Eastley
 Signature of Pump Installer
 Form: OLWR-SWR-1B