

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: Claiborne
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 12-30-11

For Office Use Only:
 Aquifer: _____
 Well #: 641
 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.

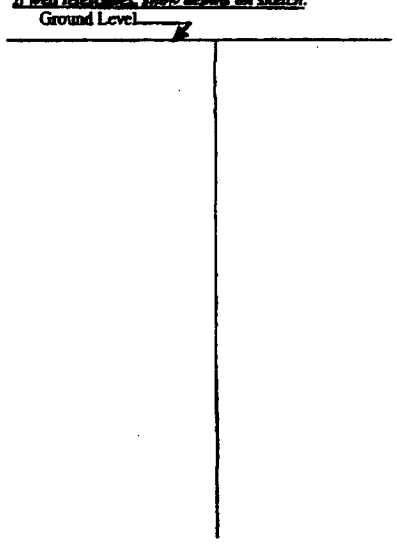
<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>David Headley</u> Mailing Address: <u>PO Box 676</u> <u>405 Market St</u> <u>Port Gibson MS 39150</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>32.00.38</u> Longitude: <u>90.57.01</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R x 1R x Sec 48 Twn 12N Rng 3E</u> Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Port Gibson</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>12-28</u> Date drilling completed: <u>12-29</u> Hole depth: <u>200</u> Hole diameter: <u>7 7/8"</u> Location of the source of any surface water used for drilling: <u>well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 gallon per 3000</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>DEQ</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>12-30-11</u> Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____ Well depth: <u>180</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>170</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>010</u> inches Setting depth: From <u>170</u> feet to <u>180</u> feet Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i></p>	

GA1

The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
Gravel	30	50
Clay	50	150
Sand	150	160
Clay	160	170
Sand	170	180
Clay	180	200

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 Hendley

Peter Gibson

Form: OLWR-SWR-1A

I certify that the well/borohole 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 EASLEY
Print Name of Responsible Licensee and License No.

1-30-11
Date

Larry Easley
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)

County: CLAY COUNTY
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 12-30-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G41
 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>David 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 _____	_____ 1/4 _____ 1/4 Sec <u>48 T 12 N R 3 E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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: <u>1</u>
Date Pump Installed: <u>12-30-11</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>12-30-11</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shot 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 EASLEY 510 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B