

County: Franklin
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 3-12-09

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D-27
 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> Owner Name: <u>Lewis Travis</u> Mailing Address: <u>805 Henry Ln</u> <u>Meadville MS 39653</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, _____ _____ USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec. <u>30</u> Twp. <u>7N</u> Rng. <u>4E</u> Distance _____ Miles Direction _____ of Nearest Town <u>MEADVILLE</u>
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Well/Borehole Data

Date drilling started: 3-12 Date drilling completed: 3-12 Hole depth: 300 Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: Water Well

Method of casing and volume of Chlorine used in drilling and development: 1 gallon to every 3000 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): DSR

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Scientific 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/below (circle one) land surface Date measured: 3-13

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

Well depth: 259 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Denonitic Mia

Casing length: 239 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 006 inches Setting depth: From 239 feet to 259 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.*

Form: OLWR-BWR-1A

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MDEQ LAND & WATER

601-360-0535

P. 4

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

County: Franklin
 Permit #: _____
 Installer: LARRY EASLEY
 Date completed: 3-13
 Copy Information from Check on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-27
 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>Lewis Travis</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>805 Henry Ln</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Meadville Ms 39601</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T. <u>7N.</u> R. <u>4E</u>		
Telephone No. () _____	Distance _____ Miles	Direction _____	Nearest Town: _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: 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>3-13-09</u>	Boring Depth: <u>200</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>3-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
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 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 EASLEY 510 Print Name of Pump Installer and License No. (if applicable)

Larry Easley Signature of Pump Installer

Form: OLWR-SWR-1B

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