

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASKY  
 Date drilling completed: 6-22-06

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-9089  
 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>Billy Joe McDonald</u>	Latitude: <u>32° 02' 11"</u> Longitude: <u>90° 15' 49"</u>
Mailing Address: <u>1108 McDonald Dr</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Terry</u> MS <u>39170</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 2</u> Twn <u>2 N</u> Rng <u>1 W</u>
Telephone No ( )	Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>TERRY</u>

**Well / Borehole Data**

Date drilling started: 6-20 Date drilling completed: 6-22 Hole depth: 603 Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: creek

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 gal

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: chicken house

If a flowing well, method of flow regulation: Valve  Other (describe) \_\_\_\_\_

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6-24

Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_

Well depth: 528 Well grouted to a depth of 20 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 508 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 508 feet to 528 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*

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E-9089

If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
CLAY	0	10
SAND	10	30
CLAY	30	240
SAND	240	250
CLAY	250	350
Rock	350	380
CLAY	380	410
stripy sand	410	480
sand	480	530
CLAY	530	600

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) indicate direction

Landowner Name Billy Joe McDonald

Lt Earley  
Signature of Water Well Contractor

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# 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: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date completed: 6-22-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-9889  
 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>Billy Joe McDonald</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>2</u> R <u>1</u> W
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ 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>5</u>
Date Pump Installed: <u>6-24-06</u>	Setting Depth: <u>252</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-06</u>	Air Line     Electric Measuring Line <u>Steel Tap</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>40</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     L. Easley     RECEIVED

Print Name of Pump Installer and License No. (if applicable)     Signature of Pump Installer

Form OLWR-SWRB  
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