

### 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: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date drilling completed: 10-12-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P92  
 L. S. Elevation: \_\_\_\_\_  
 B-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>DARRELL MURRAY</u>	Latitude: <u>31° 51' 59"</u> Longitude: <u>90° 26' 37"</u>
Mailing Address: <u>3042 Old Natchez Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hazelhurst MS 39083</u>	NW ¼ SW ¼ Sec. <u>6</u> Twp. <u>10N</u> Rng. <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	Miles of _____

**Well / Borehole Data**

Date drilling started: 10-12 Date drilling completed: 10-12 Hole depth: 220 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): \_\_\_\_\_

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: 120 feet above or below (circle one) land surface Date measured: 10-13-12

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

Well depth: 220 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 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 180 feet to 200 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: COPIAH  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date completed: 10-13-12  
*Copy information from block on Part 1.*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P92  
 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>DARRELL MURRAY</u>	Latitude: <u>31 51 59</u>	Longitude: <u>90 26 37</u>	
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____		
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____ State _____ Zip Code _____	<u>NW 1/4 SW 1/4 Sec 6 T 10 N R 8 E</u>		
Telephone No. ( ) _____	Distance _____ Miles	Direction _____	Nearest Town _____

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>10-13</u>			Setting Depth: <u>160</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: _____	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>125</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>004</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: [Signature]  
 Form: OLWR-SWR-1B