

State Well Report

Part 1

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 #

L.S. Elevation

E-log #

Copiah

Harry Easter

Drilling completed 4-18-05

Easter Water Well Services

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Name

Terry Munn

Address

1134 Gloster Ln

Wesson Ms 39191
City State Zip Code

Telephone No

(601) 643-2250

Well Location

Latitude _____ Longitude _____

Method of Lat/Long (circle one) Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec 32 Twp 9N Rng 9E

Distance 7 Miles E Direction of Wesson Nearest Town

Well Data

Use of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other

Drilling started 4-14-05 Date well drilling completed 4-18-05

Casing, method of flow regulation Valve Other (describe)

Water Level 45 feet above or below (circle one) land surface Date measured 4-18-05

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

Surface depth 580 Well depth 475 Well grouted to a depth of 10 feet

Grout (circle one) Cement Bentonite M

Casing length 455 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 455 feet to 475 feet

Completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe)

Tap pipe or reduction in casing _____ feet If telescoped or more than one screen, describe on back of page

Log run (circle all applicable) No log run Electric Gamma Ray Density Some Neutron Other

Name of organization running log(s) DEQ
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Harry Easter 510
Name of Water Well Contractor and License No

Harry Easter
Signature of Water Well Contractor

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MAY 17 2005
BY: OLWR

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)

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Aquifer

Well # W-25

Elevation

County Leflore
Pump Installer Harry Easter
Date Completed 4-18-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information
Owner Name Terry Munn
Mailing Address 1134 Glaston LN
Wesson MS 39191
City State Zip Code
Telephone No. 601 643-2250

Well Location
Latitude _____ Longitude _____
Method of Lat/Long (circle one) Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 Sec 32 Twn 9N Rng 9E
Distance _____ Direction _____ Nearest Town _____
7 Miles E of Wesson

Pump Type
Circle one
Jet Submersible
Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify) _____
Date Pump Installed 4-18-05
Rated Pump Capacity 50 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Battery
Windmill Other (specify) _____
Horse Power Rating of Motor 3 H.P.
Setting Depth 147 feet
Number of Stages 10

Pump Test Data
Date Well Tested 4-19-05
Static Water Level (A) 45 Feet Below Land Surface
Pumping Water Level (B) 0105 Feet Below Land Surface
Drawdown [(B) - (A)] 0 Feet Below Land Surface
Test Pumping Rate 25 Gallons Per Minute
Duration of Pump Test (minimum 4 hours) 4 hours

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify) _____
For flowing well, measured shut in head _____ feet
Well yielded 50 GPM with a drawdown of _____ feet
0 feet after 4 hours of pumping

HEREBY CERTIFY that the above statements are true to the best of my knowledge

Harry Easter 510
Print Name of Pump Installer and License No. (if applicable)

Harry Easter
Signature of Pump Installer

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