

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 # K-55
L. S. Elevation _____
E-log # _____

County Franklin 037
Permit # _____
Driller LL Easley
Date drilling completed 3-14-05

Easley 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

Owner Name Danny Efferson
Mailing Address 3238 Quentin Rd
McCall MS 39647
City _____ State _____ Zip Code _____
Telephone No (____) _____

Well Location

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 5 Twn 6 N Rng 5 E
Distance _____ Direction _____ Nearest Town _____
7 Miles E of Bude

Well Data

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

Date well drilling started 3-12-05 Date well drilling completed: 3-14-05

Flowing, method of flow regulation Valve _____ (Other (describe) _____)

Static Water Level: 220 feet above or below (circle one) land surface Date measured: 3-14-05

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

Hole depth 320 Well depth: 300 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix _____

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size 010 inches Setting depth From 280 feet to 300 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 back of page

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

Name of organization running log(s) _____

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.

Easley Waterwell 510

Print Name of Water Well Contractor and License No.

[Signature]

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

K-55

Ground Level

Large empty rectangular box for sketching well telescopes.

Description of Formations Encountered	From	To
CLAY	0	20
SAND + GRAVEL	20	90
CLAY	90	270
SAND	270	300
CLAY	300	320

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: Danny Efferson

D. E. Easy
Signature of Water Well Contractor

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No Pump Run

STATE WELL REPORT

Part 2

County Franklin
Permit # _____
Driller LL Easley
Date completed _____

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)

For Office Use Only
Aquifer _____
Well # K-55
Elevation _____

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	Well Location
Owner Name <u>Danny Efferson</u>	Latitude _____ Longitude _____
Mailing Address: <u>3238 Quentia Rd</u> <u>McCall MS 39647</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A) _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

Signature of Pump Installer _____

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No Pump Run

APR 13 2005

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