

### 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)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date drilling completed: 4-30-11

For Office Use Only:  
 Aquifer: K90  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Wesley Gill</u>		Latitude: <u>31° 30' 12"</u>	Longitude: <u>90° 43' 19"</u>
Mailing Address: <u>204 Water Front Lane</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>McCall Creek MS</u>		<u>4W 1/4 NE 1/4 Sec 8 Twn 6N Rng 5E</u>	
City State Zip Code		Distance <u>10</u> Miles	Direction <u>W</u> of Nearest Town <u>Brookhaven</u>
Telephone No. ( )			

**Well / Borehole Data**

Date drilling started: 4-30 Date drilling completed: 4-30 Hole depth: 100' 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: 7 feet above or below (circle one) land surface Date measured: 4-30-11

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 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 60 feet to 80 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)

#### For Office Use Only:

Acquifer: K  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date completed: 4-30-11  
*Copy information from block on Part 1*

*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.*

<b>Well Owner Information</b> Owner Name: <u>Wesley Gill</u> Mailing Address: <u>204 Water Street Home</u> <u>Merrell Creek MS</u> City State Zip Code Telephone No. ( ) _____		<b>Well Location</b> Latitude: <u>31 30 12</u> Longitude: <u>90 43 19</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SW 1/4 NE 1/4 Sec 8 T 6N R 5E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____	
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<b>Pump Type</b> Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): <u>No Pump Installed</u> Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute		<b>Power Type</b> Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____	
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<b>Pump Test Data</b> Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B) - (A)): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours		<b>Method of Measuring Water Level</b> Circle one Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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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