

# 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 #: P-70  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Franklin 037  
Permit #: \_\_\_\_\_  
Driller: LARRY EASLEY  
Date drilling completed: 3-15-05

*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	Well Location
Owner Name: <u>Wanda Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1155 Buett Jordan Rd</u> <u>Smithdale MS 39664</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 <u>30</u> Twn <u>5N</u> Rng <u>6E</u>
Telephone No. (____) _____	Distance <u>10</u> Miles Direction <u>West</u> of Nearest Town <u>Summit</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3-15-05 Date well drilling completed: 3-15-05

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 3-15-05

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

Hole depth: 120 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 012 inches Setting depth: From 90 feet to 110 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.

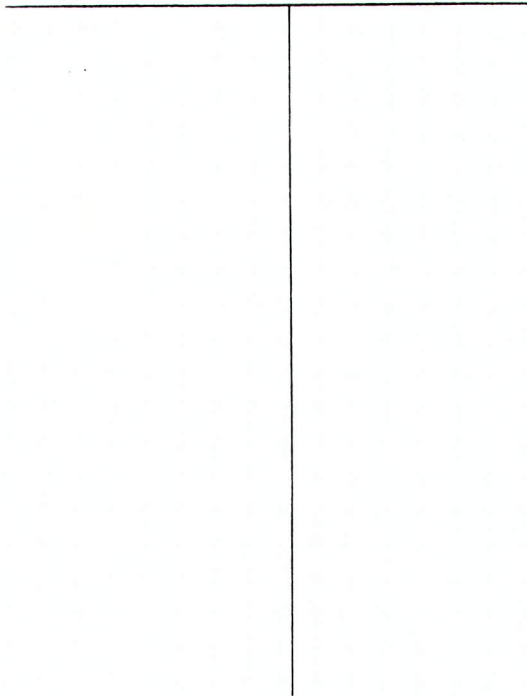
L. Easley  
Signature of Water Well Contractor

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BY: OLWR

P-70

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
CLAY	0	10
Red Sand	10	90
Coarse Sand	90	110
CLAY	110	120

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: Wanda Lewis

J. H. Early  
Signature of Water Well Contractor

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# No Pump Installed

## 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: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: LARRY Easley  
 Date completed: \_\_\_\_\_

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-70  
 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>Wanda Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1155 Bud Jordan Rd</u> <u>Smithdale MS 39664</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 \_\_\_\_\_

No Pump Installed

RECEIVED  
 APR 13 2005  
 BY: OLWR