

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-85
L.S. Elevation _____
E-log # _____

County Franklin
Permit # _____
Driller LARRY EASLEY
Date drilling completed 3-15-05

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 Smithdale MS 39664</u>		Method of Lat/Long (circle one)	Conventional Survey	
City	State	Zip Code	USCG quad	Hand-held GPS, Survey-grade GPS	
Telephone No ()			1/4	Sec <u>30</u>	Twn <u>5N</u> Rng <u>6E</u>
			Distance	Direction	Nearest Town
			<u>10</u> Miles	<u>West</u> of	<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 _____ an _____ 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 tap 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

RECEIVED
MAY 03 2006
BY: OLWR

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 10611
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only

Aquifer _____

Well # P-85

Elevation _____

County Franklin
 Permit # _____
 Installer LARRY Easley
 Date completed _____

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 Blvd Jordan Rd 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 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
Static Water Level (A) _____ Feet Below Land Surface		Steel Tap	
Pumping Water Level (B) _____ Feet Below Land Surface		Other (specify) _____	
Drawdown [(B) - (A)] _____ Feet Below Land Surface		For flowing well, measured shut in head _____ feet	
Test Pumping Rate _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____	
Duration of Pump Test (minimum 4 hours): _____ hours		_____ feet after _____ hours of pumping	

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
 MAY 03 2006
 BY: OLWR

