

### State Well Report Part 1 - 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: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: LARRY Easley  
 Date drilling completed: 2-13-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J122  
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Charles Floyd</u> Mailing Address: <u>2655 Hwy 467</u> <u>Edwards MS 39066</u> City State Zip Code Telephone No. ( ) _____		Well or Borehole Location Latitude: <u>32° 18' 29"</u> Longitude: <u>90° 34' 21"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ NE ¼ Sec 2</u> Twn <u>15N</u> Rng <u>4W</u> <u>5N</u> Distance: <u>2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Edwards</u>
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Well / Borehole Data

Date drilling started: 2-10 Date drilling completed: 2-13 Hole depth: 200 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 1000

Logs run (circle all applicable): No log run  Electric  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: 40 feet above or below (circle one) land surface Date measured: 2-15

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 006 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole  Natural Development \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Top of lsp pipe or reduction in casing: \_\_\_\_\_ feet *If telescoped or more than one screen, describe on next page*

J122

The sketch below only required for water wells

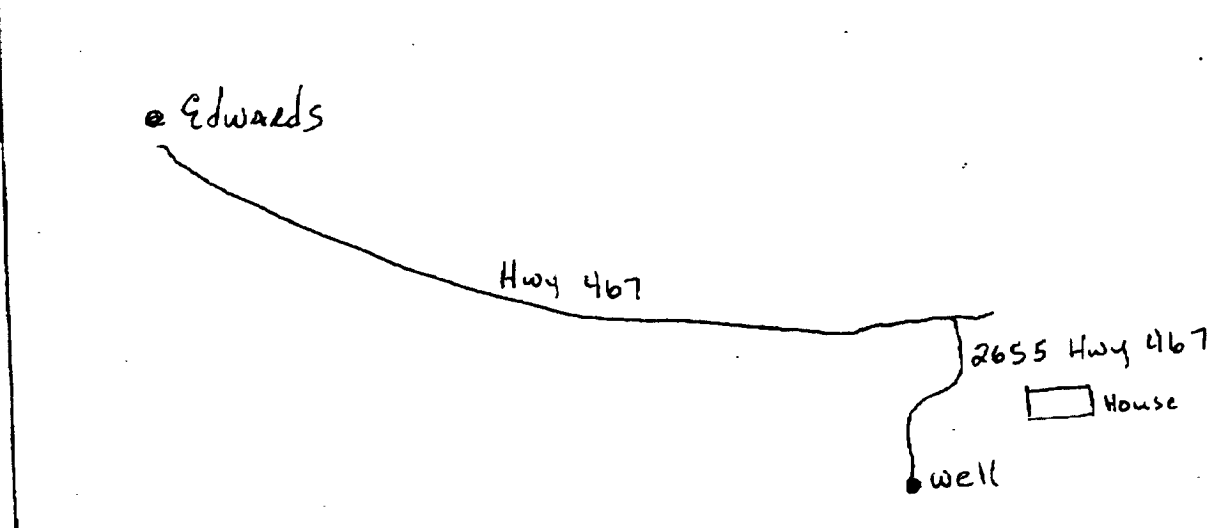
Description of formations encountered must be provided for all wells and boreholes unless specifically exempted by regulations

If well telescopes, show depths on sketch  
Ground Level  $\xrightarrow{\quad}$

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	50 50
GRA Rock	50	80
CLAY	80	100
SAND	100	200
CLAY		

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) a north arrow.



Landowner Name: \_\_\_\_\_

Form OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. LARRY Easley 510

Date 2-20-12

Signature of Licensee Larry Easley

# 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: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date completed: 2-15-12  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: J122  
 Elevation: \_\_\_\_\_

*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.*

Well Owner Information		Well Location	
Owner Name: <u>Charles Floyd</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>2655 Hwy 467</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Edwards MS 39066</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u>	T <u>15N</u> R <u>4W</u>	
Telephone No. ( ) _____	Distance _____	Direction _____	Nearest Town _____
	<u>2</u> Miles <u>SE</u> of <u>Edwards</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>2-15</u>			Setting Depth: <u>90</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-15-12</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of		
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

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

LARRY EASLEY 510      Larry Easley  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B