

# 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 # ~~Q-88~~ Q86 AP  
L. S. Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

Hinds

LARRY Easley

9-29-05

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

Name Tony Boyles  
Address 1405 Old Parson Rd

City Raymond MS State MS Zip Code \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude 32° 08' 54" Longitude 90° 24' 04"

Method of Lat/Long (circle one) Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 NE 1/4 Sec 33 Twn 4N Rng 2W

Distance 8 Miles Direction East of Nearest Town Byram  
West

### Well Data

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

Date well drilling started 9-28-05 Date well drilling completed 9-29-05

Flowing method of flow regulation Valve Other (describe) \_\_\_\_\_

Water Level 133 feet above or below (circle one) land and surface Date measured 10-2-05

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

True depth 420 Well depth 402 Well grouted to a depth of 10 feet

Grout (circle one) Cement Bentonite Mix \_\_\_\_\_

Casing length 382 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, 006 inches Setting depth From 368, 392 feet to 378, 402 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

Log run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other \_\_\_\_\_

Name of organization running log(s) DEQ

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.

Print Name of Water Well Contractor and License No. Easley Waterwell 510

Larry Easley  
Signature of Water Well Contractor

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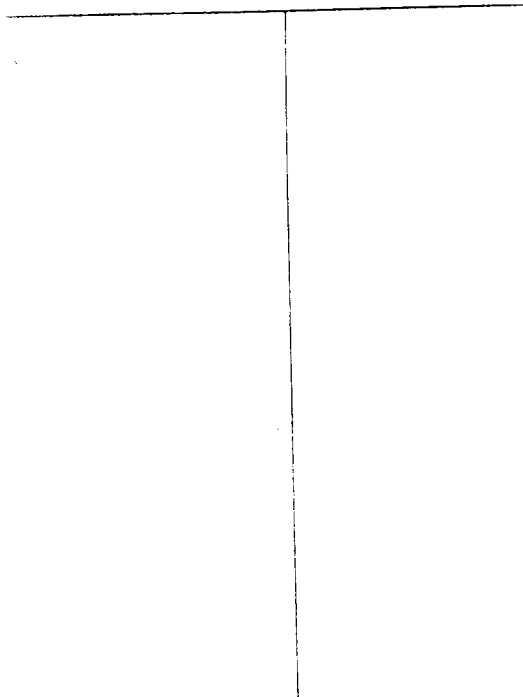
OCT 13 2005

BY: OLWR

Q88 Q86

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	To
CLAY	0	90
Sand	90	140
Clay	140	320
Rock	<del>320</del>	
Rock	320	350
Sand	350	380
Clay	380	390
Sand	390	402
Clay	402	420

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 Tony Boyles

Larry Easley  
Signature of Water Well Contractor

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# 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)

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Aquifer \_\_\_\_\_

Well # ~~Q88~~ **Q86**

Elevation \_\_\_\_\_

County Hinds  
 Permit # \_\_\_\_\_  
 Installer LARRY EASTLEY  
 Date Completed 10-9-05

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**  
 Owner Name Tony Boyles  
 Mailing Address 1405 Old Parson Rd  
Raymond MS  
 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 \_\_\_\_\_  
 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twn \_\_\_\_\_ Rng \_\_\_\_\_  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one  
 Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Submersible  
 Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
 Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Date Pump Installed 10-2-05  
 Rated Pump Capacity 12 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine \_\_\_\_\_ Gasoline Engine \_\_\_\_\_  
Electric Motor \_\_\_\_\_ Hand \_\_\_\_\_  
 Windmill \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 Horse Power Rating of Motor 1 hp  
 Setting Depth 160 feet  
 Number of Stages 12

**Pump Test Data**  
 Date Well Tested 10-2-05  
 Static Water Level (A) 133 Feet Below Land Surface  
 Pumping Water Level (B) 145 Feet Below Land Surface  
 Drawdown [(B) - (A)] 12 Feet Below Land Surface  
 Test Pumping Rate 12 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours) 4 hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 For flowing well, measured shut in head \_\_\_\_\_  
 Well yielded 12 GPM with a drawdown of \_\_\_\_\_  
12 feet after 4 hours of pumping

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

LARRY EASTLEY 510  
 Print Name of Pump Installer and License No. (if applicable)

Larry Eastley  
 Signature of Pump Installer

**RECEIVED**  
 OCT 13 2005  
 BY: OLWR