

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-87  
L S Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

Hinds

LARRY Easley

Drilling completed 10-13-05

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 Brian Spurlock  
Address 11550ld Parsons Rd  
Raymond MS 39154  
City State Zip Code  
Telephone No. \_\_\_\_\_

Well Location

Latitude 32° 08' 47" N Longitude 90° 24' 01" W  
Method of Lat/Long (circle one) Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
SW NE Sec 33 Twn 4 N Rng 2 W  
Distance 8 Miles Direction W of Nearest Town BYRAM

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_  
Date well drilling started 10-12-05 Date well drilling completed 10-13-05  
Flow rate method of flow regulation Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Water Level 120 feet above or below (circle one) land surface Date measured 10-14-05  
Method of Measurement (circle one) Steel tape electric tape air line other \_\_\_\_\_  
Casing depth 420 Well depth 377 Well grouted to a depth of 10 feet  
Type of grout (circle one) Cement Bentonite Mix \_\_\_\_\_  
Casing length 357 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 357 feet to 377 feet  
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe) \_\_\_\_\_

Joint 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

Signature of Water Well Contractor Larry Easley

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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)

For Office Use Only

Aquifer \_\_\_\_\_

Well # **Q-87**

Elevation \_\_\_\_\_

County **Hinds**  
 License # \_\_\_\_\_  
 Installer **Larry Easley**  
 Date Completed **10-24-05**

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 **Brian Spurlock**  
 Mailing Address \_\_\_\_\_  
 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 **33** Twn **4N** Rng **2W**  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one  
 Jet  **Submersible**  
 Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
 Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Date Pump Installed **10-14-05**  
 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**  
 Setting Depth **160** feet  
 Number of Stages **12**

**Pump Test Data**  
 Date Well Tested **10-14-05**  
 Static Water Level (A) **120** Feet Below Land Surface  
 Pumping Water Level (B) **128** Feet Below Land Surface  
 Drawdown [(B) - (A)] **8** 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 \_\_\_\_\_  
**8** feet after **4** hours of pumping

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

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 NOV 16 2005  
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