

**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 #: R-199  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: LARRY EASLEY  
Date drilling completed: 11-8-04

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>Bill Davis</u>	Latitude: <u>32° 11' 28" N</u> Longitude: <u>90° 20' 26" W</u>
Mailing Address: <u>3000 Owens Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Terry</u> <u>MS</u> <u>39170</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>18</u> Twn <u>4N</u> Rng <u>1W</u>
Telephone No. ( )	Distance <u>8</u> Miles Direction <u>West</u> of Nearest Town <u>Byram</u>

**Well Data**

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

Date well drilling started: 11-5-04 Date well drilling completed: 11-8-04

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

Static Water Level: 160 feet above or below (circle one) land surface Date measured: 11-15-04

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

Hole depth: 400 Well depth: 370 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 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 inches Setting depth: From 295 feet to 370 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 Ra 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.

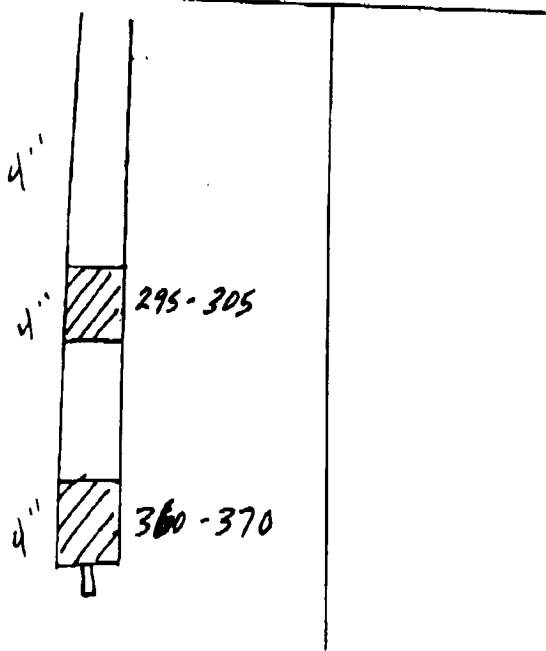
LARRY EASLEY 510 \_\_\_\_\_ Larry Easley  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

**ORIGINAL**

If well telescopes please sketch below and show depths.

R-199

Ground Level



Description of Formations Encountered	From	To
CLAY	0	10
SAND	10	25
CLAY	25	110
SAND	110	140
CLAY	140	190
SAND	190	200
CLAY	200	260
Rack	260	295
SAND	295	305
strippy Sand + Clay	305	350
SAND	350	360
Clay	360	400

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: Bill DAVIS

Larry Esley  
Signature of Water Well Contractor

**ORIGINAL**

# 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: \_\_\_\_\_  
 Date completed: 11-16-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R-199  
 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>Bill Davis</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	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 <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>11-16-04</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>2</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-16-04</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>240</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>80</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.

Brian Easley      0-7799      Brian Easley  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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