

### State Well Report Part I - 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: 10-7-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T 33  
 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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Wilbeet Amas</u> Mailing Address: <u>1732 Hand Rd</u> <u>Utica MS 39175</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: <u>32.07.14</u> Longitude: <u>90.27.38</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE ¼ NW ¼ Sec <u>12</u> Twn <u>3 N</u> Rng <u>13 W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
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**Well / Borehole Data**

Date drilling started: 10-6 Date drilling completed: 10-7 Hole depth: 140 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 3000

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  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: 80 feet above or below (circle one) land surface Date measured: 10-8-12

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one):  neat cement  Bentonite  Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 010 inches Setting depth: From 100 feet to 110 feet

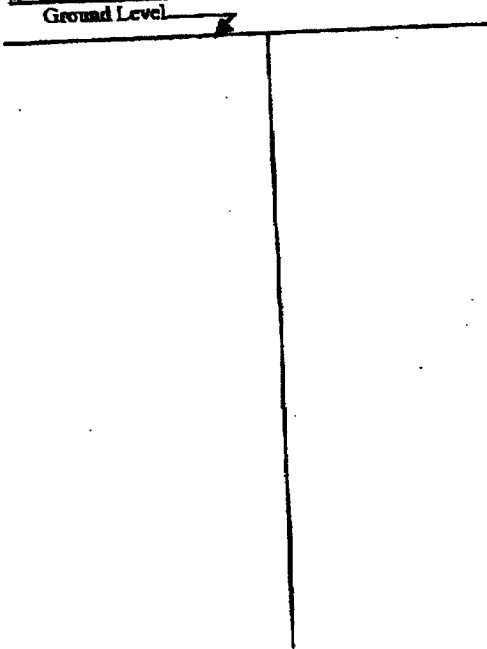
Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

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

T33

The sketch below only required for water wells

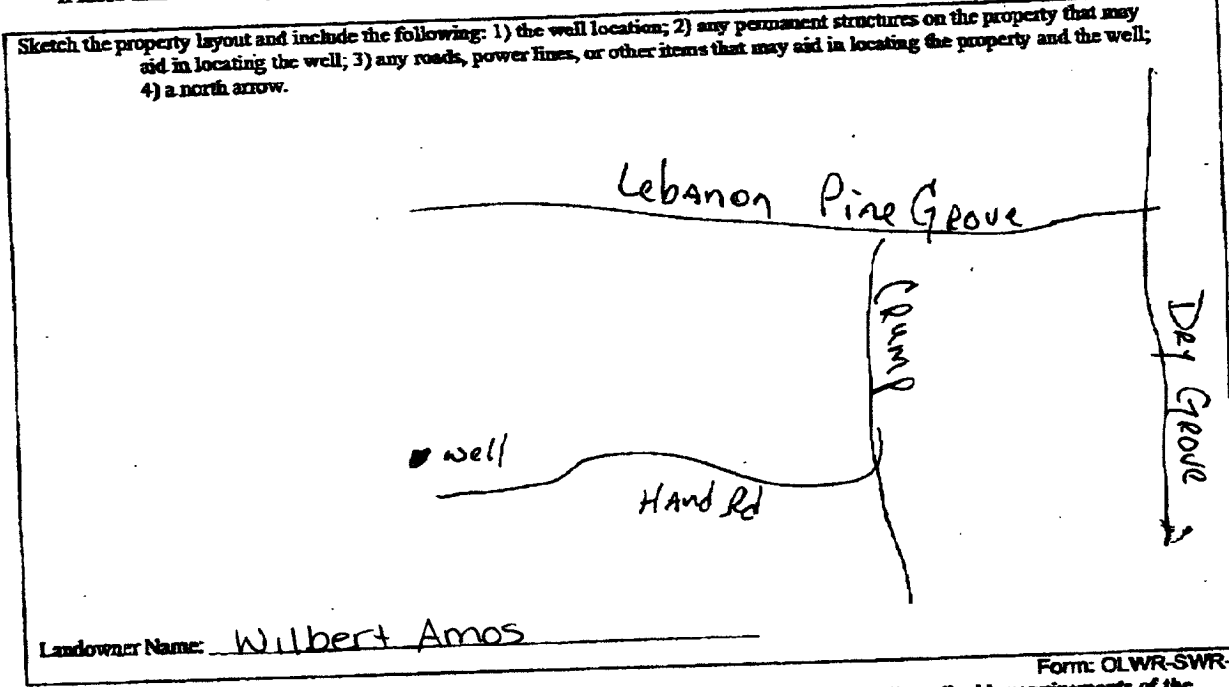
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	20
SAND	20	25
CLAY	25	76
SAND	76	110
CLAY	110	140

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I certify that the well/borchole 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 10-10

Signature of Licensee [Signature]

# 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: 10-8-12  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T33  
 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>Wilbert Amos</u>	Latitude: <u>32 07 14</u>	Longitude: <u>90 27 38</u>	
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____		
_____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City _____ State _____ Zip Code _____	<u>NE ¼ NW ¼ Sec 12 T3N R3W</u>		
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>1/2</u>		
Date Pump Installed: <u>10-8-12</u>			Setting Depth: <u>100</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>9</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>10-8-12</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>83</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>3</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>3</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  
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley  
 Signature of Pump Installer

Form: OLWR-SWR-1B