

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)360-4535(fax)

County: Hinds
 Permit #: _____
 Driller: Larry Easley
 Date drilling completed: 7-28-08

For Office Use Only
 Aquifer: _____
 Well #: U-63
 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>Robert WALL</u> Mailing Address: <u>1499 Beasley Drive</u> <u>Terry MS 39170</u> City State Zip Code Telephone No. <u>601 366-6623</u>		Well or Borehole Location Latitude: <u>32° 05' 19"</u> Longitude: <u>90° 25' 03"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec. 20 Twn 3N Rng 1W</u> Distance: _____ Miles Direction _____ Nearest Town _____ of _____	
Well / Borehole Data Date drilling started: <u>7-27-08</u> Date drilling completed: <u>7-28-08</u> Hole depth: <u>320</u> Hole diameter: <u>7 7/8"</u> Location of the source of any surface water used for drilling: <u>WELL WATER</u> Method of dosing and volume of Chlorize used in drilling and development: <u>1 gallon for every 300 gal</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sunk Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific Survey _____ Other (describe) _____ <i>If scaling is not related to water well construction, file the remainder of this block</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>96'</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>290'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Denonize Mix Casing length: <u>270</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>010</u> inches Setting depth: From <u>270</u> feet to <u>290</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If less than one or more than one screen, describe on next page</i>			

Form: OLWR-BWR-1A

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

County: Hinds
 Permit #: _____
 Installer: LARRY Easley
 Date completed: _____
 Call information Don't Mark in Part 1

For Office Use Only:
 Aquifer: _____
 Well #: U-63
 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>Robert WALLS</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1499 Beasley Drive</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Terry MS 39170</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	<u>20 T 3N R 2W</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</u>		
Date Pump Installed: <u>7-28-08</u>			Setting Depth: <u>160</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: _____	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>96'</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>106'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown (B) - (A): <u>10</u> Feet Below Land Surface	Well yields <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