

JUN 02 2008 3:24PM

MSDEQ LAND & WATER

GOI 360-0535

P.2

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: _____

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2509
 Jackson, MS 39205
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B-85
 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>MARGARETT ASHMORE</u> Mailing Address: <u>2481 BOULE RD</u> <u>BROOKHAVEN MS 39601</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>(601) 535-1100</u>		Well or Borehole Location Latitude: <u>31.37.46</u> Longitude: <u>90.38.54</u> Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 30 Twp 9N Rng 6E</u> Distance: _____ Miles Direction: <u>WEST</u> of <u>LEAD STAR</u> Nearest Town: _____	
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Well / Borehole Data

Date drilling started: 11-12 Date drilling completed: 11-13 Hole depth: 200 Hole diameter: 2 7/8

Location of the source of any surface water used for drilling: WELL WATER
 Method of dosing and volume of Chlorine used in drilling and development: 1 GAL FOR EVERY 3000 GAL

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 _____
 Scientific 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: 136 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 180 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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 misswood or more than one screen, describe an next one*

Form: OLWR-SWR-1A

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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

County: Lincoln
Permit #: _____
Driller: LARRY EASLEY
Date completed: _____
Copy information from Part 1

For Office Use Only:
Aquifer: _____
Well #: B-85
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>MARGARET Ashmore</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>3481 Bowie RD</u>	Method of Lev/Level (check one): Conventional Survey _____		
<u>BROOKHAVEN MS 39424</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>30</u> T. <u>8N</u> R. <u>6E</u>		
Telephone No. <u>(601) 835-1100</u>	Distance _____	Direction: <u>30</u>	Nearest Town: _____
	<u>3</u> miles <u>WEST</u> of <u>LOGDSTON</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bufool	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: _____			Setting Depth: <u>120</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	<u>Steel Tape</u>
Static Water Level (A): <u>136</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown ((B) - (A)): <u>26</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>26</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 0510 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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