

County: Lincoln
 Permit #: _____
 Driller: Larry Easley
 Date drilling completed: 8-16-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2304
 Jackson, MS 39225
 (601) 961-3210
 (601) 360-0585 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Butch Keene</u>	Latitude: <u>31° 46' 44"</u> Longitude: <u>90° 29' 37"</u>
Mailing Address: <u>914 MT Zion RD NW</u> <u>Wesson MS 39191</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	S.W. 1/4, N.W. 1/4, Sec. <u>10</u> Twp. <u>8N</u> Rng. <u>7E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>N</u> of <u>Brookhaven</u>
Well / Borehole Data	
Date drilling started: <u>8-15</u> Date drilling completed: <u>8-16</u> Hole depth: <u>240</u> Hole diameter: <u>7 7/8"</u>	
Location of the source of any surface water used for drilling: <u>Water Well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal to every 3000 gal</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Geores Ray Density Sonic 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 drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Pish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>140</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>level tape</u> electric tape air line other: _____	
Well depth: <u>240</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Best Cement</u> Bentonite Mix	
Casing length: <u>220</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>220</u> feet to <u>240</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): <u>Larry Easley</u>	
Top of lap pipe or reduction in casing: _____ feet (If uncovered or more than one screen, describe on next page)	

Form: OLWR-SWR-1A

STATE WELL REPORT

Part 2

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

County: Litwin
 Permit #: _____
 Installer: LARRY Easley
 Date completed: _____
 Copy information from back on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-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>Rutch Keene</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>914 MT Zion RD NW</u> <u>Wesson MS 39191</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec: <u>10 T 8N R 9E</u>
Telephone No. (_____) _____	Distance _____ Direction: _____ Nearest Town: _____ <u>4 Miles N of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: _____	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>189</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>10</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</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
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley
 Signature of Pump Installer

Form: OLWR-SWR-1B

