

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date drilling completed: 9-11-12

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C96  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>B+W FARMS</u>          Mailing Address: <u>440 Mt Zion Rd</u>  <u>Wesson MS 39191</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>31-41-50</u> - Longitude: <u>90-28-16</u>          Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS  <u>NW 1/4 NE 1/4 Sec 2</u> <input checked="" type="checkbox"/> <u>Twn 8N</u> <input checked="" type="checkbox"/> <u>Rng 7E</u>          Distance Direction Nearest Town  <u>5</u> Miles <u>SW</u> of <u>Wesson</u></p>
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**Well / Borehole Data**  
 Date drilling started: 9-9 Date drilling completed: 9-11 Hole depth: 600 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 1000  
 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 chicken House  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 184' feet above or below (circle one) land surface Date measured: 9-12-12  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
 Well depth: 567 Well grouted to a depth of 20 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 525 feet Casing diameter: 4 inches Type of casing: Steel  
 Screen length: 42 feet Screen diameter: 4 inches Type of screen: Stainless Steel  
 Screen slot size: 006 inches Setting depth: From 525 feet to 567 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*



### 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: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: LARRY Easley  
 Date completed: 9-15-12  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C96  
 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>Bo W FARMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>440 Mt Zion Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wesson MS 39191</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 2 T8N R7E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>9-15-12</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>28</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-16-12</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>184</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>220</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>36</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