

State Well Report

Part 1

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 # D-18
L.S. Elevation _____
E-log # _____

Lincoln MS

Harry Earley

Drilling completed 4-25-05

Easley Water Well Services

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Name Amanda Chandler

Address 1871 Bahala Rd

Wesson MS. 39191
City State Zip Code

Telephone No. () _____

Well Location

Latitude 31° 39' 14" Longitude 90° 21' 55"

Method of Lat/Long (circle one) Conventional Survey, _____

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 NE 1/4 Sec 23 Twn 8N Rng 8E

Distance 6 Miles Direction NE of Nearest Town Brookhaven

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Well drilling started 4-25-05 Date well drilling completed 4-25-05

Flowing, method of flow regulation Valve Other (describe) _____

Water Level 138 feet above or below (circle one) land surface Date measured 4-27-05

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

Test depth 220 Well depth 200 Well grouted to a depth of 10 feet

Grout (circle one) Cement Bentonite Mix _____

Casing length 180 feet Casing diameter 4 inches Type of casing PVC

Screen length 20 feet Screen diameter 4 inches Type of screen PVC

Screen slot size 010 inches Setting depth From 180 feet to 200 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe) _____

Overlap pipe or reduction in casing _____ feet. If telescoped or more than one screen, describe on back of page

Log run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running log(s) _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Harry Earley 510
Print Name of Water Well Contractor and License No

Harry Earley
Signature of Water Well Contractor

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BY: OLWR

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)

For Office Use Only

County Lincoln
 Permit # _____
 Installer Larry Easley
 Date Completed 4-27-05

Well # D-18
 Elevation _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name <u>Amanda Chandler</u>	Latitude _____ Longitude _____
Machine Address <u>1871 Bahala Rd</u>	Method of Lat/Long (circle one) <input type="checkbox"/> Conventional Survey
<u>Wesson Ms 39191</u>	USGS quad, Hand-held GPS, Survey-grade _____
City State Zip Code	1/4 Sec <u>23</u> Twn <u>8N</u> Rng <u>8E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>NE</u> of <u>Brookhaven</u>

Pump Type	Power Type
Circle one	Circle one
Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Hydraulic <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify) _____
Other (specify) _____	Horse Power Rating of Motor <u>1 HP</u>
Date Pump Installed <u>4-27-05</u>	Setting Depth <u>160</u> feet
Rated Pump Capacity <u>12</u> Gallons Per Minute	Number of Stages <u>10</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested <u>4-27-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A) <u>138</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B) <u>175</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)] <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet
Test Pumping Rate <u>12</u> Gallons Per Minute	_____ feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours) <u>4</u> hours	

HEREBY CERTIFY that the above statements are true to the best of my knowledge

Larry Easley 570 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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