

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-23
L S Elevation _____
E-log # _____

County Lincoln
Permit # _____
Driller Harry Earley
Date drilling completed: 4-25-05

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			Well Location	
Name	<u>Amanda Chandler</u>		Latitude	<u>31° 39' 14"</u> Longitude <u>90° 21' 57"</u>
Mailing Address	<u>1871 Babala Rd</u>		Method of Lat/Long (circle one): Conventional Survey.	
	<u>Watson MS. 39191</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	NE 1/4 NE 1/4 Sec <u>23</u> Twn <u>8N</u> Rng <u>8E</u>	
Telephone No. ()			Distance	Direction
			<u>6</u> Miles	<u>NE</u> of <u>Brookhaven</u>

Well Data

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

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

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

Static 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 _____

Hole depth 220 Well depth: 200 Well grouted to a depth of 10 feet

Type of 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) _____

Top of lap pipe or reduction in casing: _____ feet If telescoped or more than one screen, describe on back of page

Logs 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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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
Aquifer _____
Well # D-23
Elevation _____

County Lincoln
Permit # _____
Driller Larry Easley
Date completed 4-27-05

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
Owner Name Amanda Chandler
Mailing Address 1871 Bakala Rd
Wesson Ms 39191
City State Zip Code
Telephone No. () _____

Well Location
Latitude _____ Longitude _____
Method of Lat/Long (circle one) Conventional Survey
USGS quad. Hand-held GPS, Survey-grade GPS
_____ 1/4 Sec 27 Twn 8N Rng 8E
Distance Direction Nearest Town
6 Miles NE of Brookhaven

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify) _____
Date Pump Installed 4-27-05
Rated Pump Capacity 12 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify) _____
Horse Power Rating of Motor 1 HP
Setting Depth 160 feet
Number of Stages 10

Pump Test Data
Date Well Tested 4-27-05
Static Water Level (A) 138 Feet Below Land Surface
Pumping Water Level (B) 175 Feet Below Land Surface
Drawdown [(B) - (A)] 5 Feet Below Land Surface
Test Pumping Rate 12 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tap
Other (specify) _____
For flowing well, measured shut in head _____ feet
Well yielded 12 GPM with a drawdown of _____ feet after 4 hours of pumping

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

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