

State Well Report

Part I

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 # E-12
L S Elevation _____
E-log # _____

Lincoln 085
Barry Earley
drilling completed 4-23-05

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

Owner Name Terry Starnant
Address 2830 Bahala Rd
Wesson Ms, 39191
City State Zip Code
Telephone No () _____

Well Location

Latitude 31° 39' 41" Longitude 90° 19' 08"
Method of Lat/Long (circle one) Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 17 Twn 8N Rng 9E
Distance 7 Miles Direction NE of Nearest Town Brookhaven

Well Data

Use of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Well drilling started 4-21-05 Date well drilling completed 4-23-05
Flowing method of flow regulation Valve Other (describe) _____
Water Level 127 feet above or below (circle one) land surface Date measured 4-23-05
Method of Measurement (circle one) steel tape electric tape air line other _____
Casing depth 340 Well depth 300 Well grouted to a depth of 10 feet
Type of grout (circle one) Cement Bentonite Mix
Casing length 280 feet Casing diameter 4" inches Type of casing PVC
Screen length 20 feet Screen diameter 4" inches Type of screen PVC
Screen slot size 00P inches Setting depth From 280 feet to 300 feet
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe) _____
Length of lap 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) DEQ

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.

Barry Earley 510 Print Name of Water Well Contractor and License No
Barry Earley Signature of Water Well Contractor

RECEIVED
MAY 17 2005
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
Pump Installer Larry Easley
Date Completed 4-23-05

Aquifer _____
Well # E-12
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>Terry Staman</u>	Latitude _____ Longitude _____
Mailing Address <u>2850 Bahala Rd</u>	Method of Lat/Long (circle one) Conventional Survey _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Wesson Ms. 39191</u>	_____ 1/4 Sec <u>17</u> Twn <u>8N</u> Rng <u>9E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. _____	<u>7</u> Miles <u>NE</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Diaphragm _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Friction _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify) _____
Other (specify) _____	Horse Power Rating of Motor <u>1 H.P.</u>
Date Pump Installed <u>4-23-05</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
Date Well Tested <u>4-23-05</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tap</u>
Static Water Level (A) <u>127</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B) <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)] <u>13</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of _____ feet
Test Pumping Rate <u>12</u> Gallons Per Minute	<u>13</u> 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)

Larry Easley
Signature of Pump Installer

RECEIVED
MAY 17 2005
BY: OLWR